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**Well-being during the Transition to Adulthood:  
Analyses of Family Life and Eating Healthily in Great Britain**

by

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Thesis submitted for the degree of Doctor of Philosophy  
In the Faculty of Medicine  
University of London

London School of Hygiene and Tropical Medicine  
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## LIST OF ACRONYMS USED IN THE THESIS

ANOVA	Analysis of variance
BCS70	British Cohort Study (1970)
BHPS	British Household Panel Survey
BMI	Body mass index
CHD	Coronary heart disease
COMA	Committee on Medical Aspects of Food
CVD	Cardiovascular diseases
DINE	Dietary Instrument for Nutrition Education
DRV	Dietary Reference Values
ESRC	Economic and Social Research Council
FE	Further education
GCSE	General Certification of Secondary Education
GHQ	General Health Questionnaire
GHS	General Household Survey
GNVQ	General National Vocational Qualification
HDL Cholesterol	Higher density lipoprotein cholesterol
HDS	Healthy diet score
HE	Higher education
HEMS	Health Education Monitoring Survey
HNC	Higher National Certificate
HND	Higher National Diploma
HSFE	Health Survey for England
ICT	Information, communication and technology
ILO	International Labour Office
ISER	Institute for Social and Economic Research
LDL Cholesterol	Lower density lipoprotein cholesterol
LOC	Locus of control
MA	Modern apprenticeship
MAFF	Ministry of Agriculture, Fisheries and Food
MHF	Mental Health Foundation
MRC	Medical Research Council
NACNE	National Advisory Committee for Nutrition Education
NDNS	National Diet and Nutrition Surveys
NDYP	New Deal for Young People
NEET	Not in education, employment or training
NFS	National Food Survey
ONS	Office of National Statistics
OSM	Original sample member
PCA	Principal component analysis
RDA	Recommended daily amount
SEEC	South East Essex College
SES	Socio-economic status
TSM	Temporary sample member
WHO	World Health Organisation



## ABSTRACT

The aim of this thesis is to examine the relationships between family life, well-being and eating healthily among young adults in Britain who are going through the transition from adolescence to adulthood. The research objectives are addressed using both quantitative and qualitative methodologies. Secondary analysis was performed on two large, nationally representative data sets, the British Household Panel Survey (BHPS) and the Health Survey for England (HSFE). Data was also collected, mainly using biographical interviews, from a group of young adults at a college of further education in Essex during 2001.

Several important findings are reported. Using a typology of parenting 'styles', it seems that young people who are close to their parents in adolescence, and who experience appropriate rules and boundaries (classified as having authoritative parents) are more likely to report better social, emotional, physical and mental well-being when they are aged 16-24 than their peers who experience non-authoritative parenting when at secondary school. Parenting style is more clearly associated with later well-being than whether young people grew up in an intact, lone parent or stepfamily. Young people with better well-being are more likely to participate in post-compulsory education and employment whereas young people with the worst well-being are more likely to be unemployed or otherwise economically inactive (though direction of causality is not determined in the research). An important objective was to examine whether young people have diets that are likely to meet recommendations for helping to prevent the onset of cancer and coronary heart disease. Many young people did not meet the recommended targets for fat and fibre and this was closely associated with the transition to adulthood. Eating healthily was at odds with young people's need to differentiate from the family whilst strengthening bonds with peers. After the turmoil of leaving school, some young people started to make healthier food choices, and this was associated with having a better sense of well-being and authoritative parents in adolescence.



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CONTENTS

LIST OF ACRONYMS USED IN THE THESIS.....2

ABSTRACT.....3

ACKNOWLEDGEMENTS.....4

CONTENTS.....5

CHAPTER 1Introduction ..... 16

1.1 Young people in transition ..... 17

1.2 Family life..... 19

1.2.1 Intact and non-intact families ..... 21

1.3 Socio-economic status ..... 22

1.4 A sense of well-being ..... 23

1.4.1 Mental well-being ..... 23

1.4.2 Emotional well-being ..... 24

1.4.3 Social well-being ..... 24

1.4.4 Physical well-being..... 25

1.5 Eating a healthy diet..... 25

1.5.1 Population level dietary advice and the health risks associated with diet .... 26

1.6 Aims and objectives of the research..... 28

1.7 Meeting the research objectives ..... 33

1.7.1 Data sources and how they meet the study objectives ..... 34

1.7.1.2 Collection of qualitative data ..... 36

1.8 Content of the thesis ..... 37

CHAPTER 2 Young People in Britain..... 39

2.1 Population trends ..... 39

2.2 Tertiary education ..... 41

2.2.1 Gender, class and post-compulsory education ..... 42

2.3 Employment, unemployment and economic inactivity..... 44

2.3.1 Being 'NEET' ..... 46

2.4 Young people's well-being..... 47

2.4.1 Younger adults compared with older adults ..... 49

2.4.2 The association between well-being, education and economic activity ..... 50

2.4.3 Family life and young people's well-being status ..... 52

2.4.3.1 Incongruent parenting styles..... 54

2.4.3.2 Parenting styles and family type ..... 55

2.5 Conclusion ..... 56

CHAPTER 3 Diet in Young Adulthood..... 58

3.1 The food habits of young adults ..... 59

3.2 Characteristics associated with the food choice of young people ..... 61

3.2.1 The association between age and food choice in young adulthood ..... 61

3.2.2 Gender and food consumption ..... 62

3.2.3 Socio-economic status and eating habits..... 62

3.2.4 Education, work and being NEET ..... 63

3.3 Family factors: the effect on food choice ..... 64

3.3.1 Family food practices..... 65

3.3.2 Family relationships and eating healthily ..... 65

3.4 A social appetite..... 66

3.5 Well-being and food choice ..... 68

3.5.1 Self-concept and self-esteem ..... 69

3.5.2 Self-efficacy and locus of control ..... 70



3.6 Conclusion .....	72
CHAPTER 4 Quantitative Methodology: The British Household Panel Survey .....	74
4.1 Sample eligibility .....	75
4.2 Survey design and survey instruments .....	75
4.3 The British Youth Panel.....	76
4.4 Numbers available for analysis.....	77
4.5 Matching of files .....	78
4.6 Characteristics of sample .....	78
4.7 Applying weights to the data.....	79
4.8 Choice of variables and development of indicators.....	80
4.8.1 Well-being in young adulthood and adolescence.....	80
4.8.1.1 Short Form-36 questionnaire (SF36) .....	80
4.8.1.2 Satisfaction with Life.....	82
4.8.1.3 Perceived social support.....	83
4.8.1.4 Happiness in adolescence.....	84
4.8.2 Parenting style variables .....	86
4.8.3 Other variables used in the analysis - 1994 data .....	90
4.8.4 Other variables used in the analysis - 1999 data .....	90
4.9 Statistical methods used in the analyses .....	92
4.9.1 Bivariate analyses .....	92
4.9.2 Multivariate analyses .....	92
4.10 Conclusion .....	93
CHAPTER 5 Quantitative Methodology: The Health Survey for England .....	94
5.1 Sampling procedure .....	95
5.2 Survey design and survey instruments.....	95
5.3 Survey years chosen for analysis and response rates.....	96
5.4 Characteristics of the sample .....	97
5.5 Choice of variables and development of indicators.....	97
5.5.1 Eating habits: eating healthily .....	98
5.5.1.1 Derivation of Healthy Diet Score for analysis of 1993/94 data.....	100
5.5.1.1.1 Treatment of missing values .....	102
5.5.1.2 DINE questionnaire .....	103
5.5.1.2.1 Missing data .....	105
5.5.2 Indicators of well-being.....	106
5.5.2.1 Mental well-being: General Health Questionnaire (GHQ).....	106
5.5.2.2 Social well-being: Perceived social support .....	108
5.5.2.3 Physical well-being: Self-reported general health .....	108
5.5.3 Other derived variables .....	109
5.6 Statistical methods used in the analysis .....	110
5.7 Conclusion .....	110
CHAPTER 6 The Qualitative Study .....	112
6.1 Choice of study site .....	113
6.1.1 The study site.....	113
6.1.2 Science and Health Studies team.....	116
6.2 Methods and instruments .....	117
6.2.1 Memoirs and memory-work .....	118
6.2.2 Food diary and food habits questionnaire.....	118
6.3 Pilot phase .....	119
6.4 Sampling procedure .....	120
6.5 Interview procedure.....	122
6.6 Analysis and interpretation .....	123
6.6.1 Thematic categories and coding of data on family life.....	125
6.6.2 Analysis of the food diary and eating habits questionnaire .....	127
6.7 Presentation of the qualitative findings .....	127



6.8 Conclusion .....	128
CHAPTER 7 Young People's Experiences of Family Life during Adolescence.....	130
7.1 Family type during adolescence .....	131
7.2 Closeness and dialogue in families .....	133
7.2.1 Dialogue with parents.....	134
7.3 Rule setting and the desire for autonomy .....	137
7.3.1 Rule setting .....	137
7.3.2 The desire for autonomy.....	139
7.4 Parenting style during adolescence.....	143
7.4.1 Age, gender and parenting style.....	145
7.4.2 Family type and parenting style .....	147
7.4.3 Socio-economic status and parenting style.....	148
7.4.4 Closeness and parenting style.....	149
7.4.5 Rules, autonomy and parenting style.....	152
7.5 Conclusion .....	155
CHAPTER 8 Eating a Healthy Diet during the Transition to Adulthood.....	157
8.1 Eating a healthy diet.....	158
8.1.1 Gender, age and healthy eating .....	159
8.1.2 Socio-economic status and healthy dietary patterns.....	162
8.2 Consumption of foods that contribute to a 'healthier' diet.....	165
8.2.1 Consumption of dairy products and high fat snacks.....	167
8.3 Developing a food identity in young adulthood .....	169
8.3.1 Detachment from the family.....	169
8.3.2 Identification with peers .....	171
8.3.3 Food, weight and appearance .....	172
8.4 The Family Context: role models and parenting style .....	174
8.4.1 Parenting style and positive dietary change.....	177
8.4.1.1 'Authoritative' parenting and positive dietary change.....	178
8.4.1.2 Non-'authoritative' parenting and eating chaotically .....	179
8.5 Conclusion .....	181
CHAPTER 9 The Transition from School .....	183
9.1 Participation in post-compulsory education .....	184
9.1.1 Gender differentiation in tertiary education participation .....	185
9.1.2 Socio-economic status and participation in post-16 education.....	186
9.1.3 Choosing to study.....	190
9.2 Entry into the labour market and economic inactivity.....	192
9.2.1 Men, women and work .....	193
9.2.2 Socio-economic status, work and being NEET .....	195
9.3 Individual trajectories from school to further education.....	197
9.3.1 Megan: Linear trajectory from school to college.....	197
9.3.2 Samantha: Non-traditional trajectory .....	199
9.4 Conclusion .....	201
CHAPTER 10 A Sense of Well-being.....	204
10.1 The importance of perceived social support .....	205
10.1.1 Whom can young people count on? .....	205
10.1.2 Levels of perceived social support.....	206
10.1.3 Gender, age and perceived social support .....	208
10.1.4 Perceived social support during the transition from school .....	209
10.2 Satisfaction with life: emotional well-being.....	210
10.2.1 What are young people satisfied with in their lives?.....	210
10.2.2 Gender, age and emotional well-being .....	211
10.2.3 Emotional well-being after the end of compulsory schooling.....	213



10.3 Self-esteem, locus of control and lack of psychological morbidity: mental well-being.....	214
10.3.1 Self-esteem .....	214
10.3.2 Locus of control .....	215
10.3.3 Gender, age and mental health in young adulthood .....	216
10.3.4 Mental well-being and activities after the end of school .....	218
10.4 Young people's physical and general well-being .....	219
10.4.1 Gender, age and general health .....	220
10.4.2 General health after the end of compulsory schooling .....	222
10.5 Multivariate analyses.....	223
10.5.1 Perceived social support .....	224
10.5.2 Satisfaction with life .....	225
10.5.3 Mental well-being .....	226
10.5.4 General health.....	227
10.6 Conclusion .....	228
 CHAPTER 11 Family Life and Feeling 'Well' .....	231
11.1 Parenting style and perceived social support .....	232
11.2 The relationship between parenting style and mental well-being .....	233
11.3 Parenting styles and emotional well-being.....	235
11.4 Family life and well-being in young adulthood: Findings from the BHPS.....	237
11.4.1 Parenting style and the SF36 dimensions of well-being .....	237
11.4.2 Family type and the SF36 dimensions of well-being .....	239
11.4.3 Parenting style, satisfaction with life and perceived social support .....	240
11.4.4 Family type, satisfaction with life and perceived social support.....	241
11.5 Multivariate analyses of family life and well-being .....	243
11.5.1 Satisfaction with life .....	243
11.5.2 Mental health.....	245
11.5.4 Energy and vitality .....	245
11.5.5 General health perception .....	246
11.6 Parenting style and happiness at two points in time .....	248
11.6.1 Family type and happiness in adolescence and adulthood .....	250
11.7 Multivariate analyses of happiness in 1994 and in 1999.....	250
11.8 Conclusion .....	252
 CHAPTER 12 Eating Well, Feeling Well? .....	254
12.1 College, work and finding time to eat.....	255
12.2 Current activity and eating healthily.....	257
12.3 Well-being and eating healthily.....	260
12.3.1 Having good perceived social support.....	260
12.3.2 Shaky perceived social support .....	262
12.3.3 Poor perceived social support .....	263
12.4 Mental well-being and eating healthily in the context of tertiary education and economic activity.....	264
12.5 Perceived social support and eating healthily in the context of tertiary education and economic activity.....	265
12.6 General health and diet outcome by current activity .....	267
12.7 Multivariate analyses of perceived social support, self-reported general health and having a high healthy diet score .....	273
12.7.1 Perceived social support, current activity and having a high healthy diet score .....	273
12.7.2 General well-being, current activity and having a high diet score.....	274
12.8 Conclusion .....	276
 CHAPTER 13 Discussion & Conclusions .....	279
13.1 Discussion of overall study design and the data analysed.....	280
13.2 Parenting styles.....	282



13.2.1 Parenting styles, family type and well-being .....	282
13.3 Eating healthily .....	284
13.3.1 Healthy eating during the transition to adulthood .....	285
13.4 The importance of social support.....	286
13.4.1 Received social support .....	287
13.5 Well-being and diet .....	287
13.6 Did the analyses adequately address the objectives? .....	288
13.7 Implications of the findings.....	289

## APPENDICES

Appendix A3.1: Nutritional surveys referred to in Chapter 3 .....	292
Appendix A4.1 BHPS 1994: Sampling procedure in Wave 1 .....	294
Appendix A4.2 BHPS: Interview outcomes in 1994 and 1999.....	295
Appendix A4.3: BHPS 1994: Principal Component Analysis of family life variables.....	296
Appendix A4.4 Further details about bivariate and multivariate techniques used in the quantitative analyses .....	299
Appendix A5.1 Response rates in Health Survey for England .....	301
Appendix A6.1: Letter of introduction.....	302
Appendix A6.2: South East Essex College: Course information .....	303
Appendix A6.3: Fieldwork Instruments .....	304
Appendix A6.3(i): Letter of Introduction .....	305
Appendix A6.3(ii): Selection questionnaire .....	306
Appendix A6.3(iii): Letter asking students to complete memoir and food diary ....	307
Appendix A6.3(iv): Memoir form .....	308
Appendix A6.3(v): Instructions for completing food diary .....	309
Appendix A6.3(vi): Food diary .....	310
Appendix A6.3(vii): Food Habits Questionnaire .....	312
Appendix A6.3(viii): Show card .....	315
Appendix A6.3(ix): Interview Topic Guide.....	316
Appendix A6.4: Characteristics of interviewees .....	320

BIBLIOGRAPHY .....	321
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## LIST OF TABLES

### CHAPTER 1

Table 1.1 Health Survey for England 1998: Distribution of young people aged 16-24 by the family type they were living in .....	22
Table 1.2 Some suggested dietary changes that would help achieve a healthier diet among the British population .....	28
Table 1.3 Methodological framework for the research .....	37

### CHAPTER 2

Table 2.1 Distribution of young people aged 16-24 by gender and age group, UK, 1971-2021 ('000) .....	40
Table 2.2 Young people aged 16-24: Participation in tertiary education and economic activity, by age group, UK 1999-2000 .....	41
Table 2.3 Young people aged 16-24: Participation in post-compulsory education and training, by gender and age group, UK ('000) .....	43
Table 2.4 Adult's average gross weekly earnings (£) by age group and gender, UK, 1999 .....	45
Table 2.5 Adult unemployment rates (%) by age group and gender, 1991-1999, UK ...	46

### CHAPTER 3

No tables

### CHAPTER 4

Table 4.1 BHPS: Illustration of the rotating design of the British Youth Panel, 1994 - 1999 .....	77
Table 4.2 BHPS: Differences between those interviewed in 1999, and those not interviewed, based on household details of those interviewed in 1994 .....	78
Table 4.3 BHPS 1994: Age and gender profile of the youth panel members .....	79
Table 4.4 BHPS 1994: Age group and gender distribution between unweighted and weighted data .....	80
Table 4.5 BHPS: Selected SF36 dimensions: original questions, coding and scoring algorithms from the adult questionnaire in 1999 .....	81
Table 4.6 BHPS 1999: Satisfaction with life: original survey questions, derived variables and their coding .....	83
Table 4.7 BHPS 1999: Perceived social support: original survey questions, derived variables and their coding .....	84
Table 4.8 BHPS 1994: Happiness in adolescence: Original survey questions, derived variables and their coding .....	85
Table 4.9 BHPS 1994: Family relationships: Original survey questions and coding .....	87
Table 4.10 BHPS 1994: Latent factors suggested by principal component analysis, the amount of variance explained and the original survey questions the factors relate to .....	88
Table 4.11 BHPS 1994: Derivation of family typology variable from rule setting and dialogue questions .....	89
Table 4.12 BHPS 1999: Classification of young people as being in full time education, full time employment or NEET where their current economic activity was incongruent with these categories .....	91

### CHAPTER 5

Table 5.1 HSFE 1993/94 & 1998: Age group and gender distribution of 16-24 year olds .....	97
Table 5.2 Summary of methods evaluated to classify a diet as 'healthy' .....	100
Table 5.3 HSFE 1993/94: Original food variables and the scores assigned to derive a healthy diet score .....	101
Table 5.4 HSFE 1993/94: The minimum and maximum healthy diet scores used to allocate young people aged 16-24 to high, medium and low diet score bands....	102



Table 5.5 HSFE 1993/94: Effect of different imputation methods on the mean and standard deviation of the derived healthy diet score .....	103
Table 5.6 HSFE 1998: Original food type variables and coding.....	104
Table 5.7 HSFE 1998: Original food frequency variables and coding.....	105
Table 5.8 HSFE 1993/94 & 1998: Original and derived GHQ variables and their coding .....	107
Table 5.9 HSFE: Original and derived perceived social support variables and their coding .....	108
Table 5.10 HSFE: Original and derived self-reported general health question and their coding .....	109

## CHAPTER 6

Table 6.1 Labour market summary for Southend, Essex and England, March 2000 to February 2001, not seasonally adjusted .....	114
Table 6.2 Distribution of students aged 16+ at South East Essex College and in further education colleges in England, by age group, 1998-99 .....	116
Table 6.3 South East Essex College: students enrolled on health and science courses by course level and gender by age group on enrolment, 2000/01.....	117
Table 6.4 Themes grounded in the interview data from broad (level 1) to finer (level 4) levels.....	126

## CHAPTER 7

Table 7.1 BHPS 1994: Distribution of young people aged 11-15 by their family type in 1994, by gender and age (row %) .....	132
Table 7. 2 BHPS 1994: Distribution of young people aged 11-15 by how often they talked to their mother/father about things that mattered by gender, age and family type (row %).....	135
Table 7.3 BHPS 1994: Distribution of young people aged 11-15 by whether their parents stopped them from watching a television programme or set limits on the amount of television they viewed by gender, age and family type (row %).....	138
Table 7.4 BHPS 1994: Distribution of young people aged 11-15 by how often they tell their parents where they are going by gender, age and family type (row %).....	141
Table 7.5 BHPS 1994: Distribution of young people aged 11-15 by the number of times they stayed out after 9pm without telling their parents by gender, age and family type (row %).....	142
Table 7.6 BHPS 1994: Distribution of whether respondents reported frequent dialogue and rules about television and labelling of the parenting typology (total %) .....	145
Table 7.7 BHPS 1994: Distribution of young people aged 11-15 by derived parenting style, by age and gender (row %).....	146
Table 7.8 BHPS 1994: Distribution of young people aged 11-15 by derived parenting style and family type (row %).....	148
Table 7.9 BHPS 1994: Distribution of parent's socio-economic status by their parenting style (row %) .....	149
Table 7.10 BHPS 1994: Distribution of young people aged 11-15 by how many times they were out after 9pm without telling their parents, by parenting style and age group (row %).....	154
Table 7.11 BHPS 1994: Distribution of young people aged 11-15 by how often they tell their parents where they are going by parenting style and age group (row %)....	154

## CHAPTER 8

Table 8.1 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to healthy diet score bands, by gender (row %).....	160
Table 8.2 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands by gender (row %) .....	161
Table 8.3 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands by age (row %).....	161



Table 8.4 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to healthy diet score bands, by age (row %)	162
Table 8.5 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands by socio-economic status (SES) and household type (row %)	164
Table 8.6 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by type of bread and breakfast cereals consumed (column %)	165
Table 8.7 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by frequency of consumption of fruit and vegetables (column %)	166
Table 8.8 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by type of fat spread and milk consumed (column %)	167
Table 8.9 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by frequency of consumption of chocolate (column %)	168

## CHAPTER 9

Table 9.1 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were participating in full time post-compulsory education, by age (row %)	185
Table 9.2 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were participating in full time post-compulsory education, by age group and gender (row %)	186
Table 9.3 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether participating in full time post-compulsory education by socio-economic status and age group (row %)	189
Table 9.4 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were in work or NEET, by gender and age group (row %)	194
Table 9.5 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were in work or NEET, by socio-economic status (row %)	196

## CHAPTER 10

Table 10.1 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by allocation to levels of perceived social support (PSS), by gender and age (row %)	209
Table 10.2 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by allocation to levels of perceived social support (PSS), by whether they were in full time employment or NEET (row %)	210
Table 10.3 BHPS 1994: Distribution of young people aged 11-15 by whether they reported being happy in adolescence, by gender and age (row %)	212
Table 10.4 BHPS 1999: Distribution of young people aged 16-20 by whether they reported being satisfied with life, by gender and age (row %)	212
Table 10.5 BHPS 1999: Distribution of young people aged 16-20 by whether they reported being satisfied with life and whether they were students, in work or NEET (row %)	213
Table 10.6 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were a GHQ case and their mean mental health score on the SF36 questions, by gender and age group (row %)	217
Table 10.7 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were a GHQ case and their SF36 mental health score, by current activity (row %)	218
Table 10.8 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they reported very good general health and their mean scores on the SF36 general health and energy/vitality dimensions, by gender and age group (row %)	221
Table 10.9 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they reported very good general health and their mean scores on the SF36 general health and energy/vitality dimensions, by current activity (row %)	222



Table 10.10 HSFE 1998: Odds ratios of young people aged 16-24 having no lack of perceived social support when current activity, socio-economic status (SES) and age are controlled for, by gender.....	224
Table 10.11 BHPS 1999: Odds ratios of young people aged 16-20 being satisfied with life when current activity, socio-economic status (SES), age, gender and happiness in 1994 are controlled for.....	226
Table 10.12 HSFE 1998: Odds ratios of young people aged 16-24 not being classified as a GHQ case when current activity, socio-economic status (SES), age and gender are controlled for .....	227
Table 10.13 HSFE 1998: Odds ratios of young people aged 16-24 reporting very good general health when current activity, socio-economic status (SES) and age are controlled for, by gender.....	228

## CHAPTER 11

Table 11.1 BHPS 1994 &1999: Distribution of young people aged 16-20 by their mean scores for mental health, energy/vitality and general health in 1994, by parenting style in 1999 and gender .....	237
Table 11.2 BHPS 1994 &1999: Distribution of young people aged 16-20 by their mean scores for mental health, energy/vitality and general health in 1999, by their family type in 1994 and gender.....	239
Table 11.3 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they were satisfied with life and reported having excellent perceived social support in 1999, by parenting style in 1994 and gender (row %) .....	241
Table 11.4 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they were satisfied with life and reported having excellent perceived social support in 1999, by family type in 1994 and gender (row %). ....	242
Table 11.5 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 reporting that they were satisfied with life in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for (includes interaction term for gender and parenting style).....	244
Table 11.6 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high mental health score in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for .....	245
Table 11.7 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high energy & vitality score in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for .....	246
Table 11.8 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high\$ general health perception score in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for .....	247
Table 11.9 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they reported being happy in 1994 and in 1999, by parenting style from 1994 and gender (row %). ....	249
Table 11.10 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they reported being happy in 1994 and in 1999, by whether they were in an intact, step or lone parent family in 1994 and gender (row %). ....	250
Table 11.11 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 reporting being unhappy in 1994 and in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for .....	251

## CHAPTER 12

Table 12.1 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score (HDS) band and whether they were in full time education, employment or were NEET(row %) .....	258
Table 12.2 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands and whether they were in full time education, employment or were NEET (row %) .....	259



Table 12.3 HSFE 1993/94 Distribution of young people aged 16-24 by allocation to a healthy diet score (HDS) band and whether they were classified as a GHQ case, split by current activity (row %)	265
Table 12.4 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score (HDS) band and levels of perceived social support, split by current activity (row %)	267
Table 12.5 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score (HDS) band and self-reported general health, split by current activity (row %)	268
Table 12.6 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and whether they were classified as a GHQ case (row %)	270
Table 12.7 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and levels of perceived social support (row %)	271
Table 12.8 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and self-reported general health (row %)	272
Table 12.9 HSFE 1993/94: Odds ratios of young people aged 16-24 having a high healthy diet score when levels of perceived social support, current activity and age are controlled for, by gender	274
Table 12.10 HSFE 1993/94: Odds ratios of young people aged 16-24 having a high healthy diet score when self-reported general health, current activity and age are controlled for, by gender	275

## LIST OF FIGURES

### CHAPTER 1

Figure 1.1 Framework for the research	31
---------------------------------------	----

### CHAPTER 6

Figure 6.1 Ward level map of Southend-on-Sea and surrounding areas of south east Essex	115
--	-----

### CHAPTER 7

Figure 7.1 BHPS 1994: Distribution of parent's socio-economic status by family type in adolescence	133
--	-----

## TABLES IN APPENDICES

Table A1 Nutritional surveys referred to in Chapter 3	292
Table A2 BHPS: Distribution of young people aged 11-15 and their youth interview outcomes by age from the 1994 survey	295
Table A3 BHPS: Distribution of young people aged 16-20 by their adult interview outcomes by age, 1999 enumeration	295
Table A4 BHPS 1994: Principal Component Analysis of family life variables: Total variance explained	296
Table A5 BHPS 1994: Principal Component Analysis of family life variables: Communality values	297
Table A6 BHPS 1994: Principal Component Analysis of family life variables: rotated component matrix	298
Table A7 HSFE: Response rates in 1993, 1994 and 1998	301
Table A8 South East Essex College, 2000/01: Number of young people aged 16-24 by course at enrolment and gender	303

Table A9 Personal details of the young people interviewed at South East Essex  
College.....320



# CHAPTER 1

## Introduction

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The aim of this thesis is to examine the relationships between family life, well-being and eating healthily among young people in Britain during the transition from adolescence to adulthood. Young people at the end of the 20<sup>th</sup> and beginning of the 21<sup>st</sup> Centuries face choices and challenges that are unique to their generation in Great Britain. They are increasingly likely to take up college and university places, less likely to find employment if they are not 'suitably' qualified and more likely to delay leaving home and marriage until well into their twenties than previous cohorts of young people. This is the context in which this thesis is set. Although youth are predominantly viewed as being 'healthier' than adults in later life-stages (in terms of less morbidity and mortality) young adulthood is a period characterised by increased risk taking which possibly has a cumulative and detrimental effect on health in later life. The array of choices that young people face as they make the transition to adulthood could also be associated with whether young people feel positively 'well' - happy, confident, supported, not anxious or worried for example, even if they are less likely to exhibit signs of being 'ill' than are older adults. Factors that are associated with well-being in young adulthood are perhaps likely to come from within areas known to contribute towards socialisation during the pre-16 life-stage, namely, parents, peers and school life. Parents are a central focus in this thesis.

One key objective is to analyse young people's well-being during the transition to adulthood and to assess whether well-being is related to the 'parenting style' used by their parents in adolescence. Evidence that parenting style is associated with well-being in early adulthood is fairly substantial (Canetti et al. 1997; Shek 1998; Fletcher et al. 1999). In Britain, Baumrind's typology of parenting styles has been used to explore the association between parenting and well-being with data from the Scottish Young People's Leisure and Lifestyles Project (Shucksmith et al. 1995). Other measures of parenting and family cohesion have been used in research in Britain, most notably in the MRC West of Scotland Twenty-07 study (Sweeting and West 1995) and also the 1970



British Cohort Study (Ely et al. 2000). The evidence from Britain on parenting and well-being is quite limited. Most of the published research is based on cross-sectional studies from the US which is what led to this topic being chosen as a key factor to be examined in this research.

Eating a healthy diet is considered fairly crucial for long-term good health and yet young adults are popularly believed to live on junk food and to pay little attention to eating regular meals. This is perhaps a key aspect of the period of young adulthood itself but it is salient to examine which young people, if any, are eating healthily because of the cumulative effects a poor diet might have. Whether eating healthily is mediated by dimensions of well-being is also an important issue. Although some indicators of mental well-being have been used in studies investigating the relationship between well-being and food habits many of these findings are inconclusive and much of the work is from outside Britain (Bennett et al. 1994; Steptoe et al. 1994; Torres et al. 1995). Few studies have analysed whether social, emotional or physical well-being is associated with healthy eating and therefore this is an area that is addressed through the empirical analyses presented in this thesis. The way in which family life might be associated with the eating habits of young people has become a greater focus for food choice research outside Britain in the last ten years (cf. Devine et al. 1998; Branen and Fletcher 1999). Evidence based on young people and their families in Britain is woefully lacking and this also informed the research questions of the present study.

The central theme in this thesis is young people's well-being during the transition to adulthood. In order to capture a broad picture of well-being during this period of the life course, two important factors are considered; family life in adolescence and eating habits in early adulthood. The aim of Chapter 1 is to describe the study more fully and outline the specific research objectives which are addressed. Next though this chapter considers some of the key concepts that need clarification and definition.

### *1.1 Young people in transition*

Quite who a 'young person' is, is something to be clarified because he or she is not easily defined by age. The concept of a period distinct from childhood and



adulthood first emerged during the early 20<sup>th</sup> Century. From a psychological perspective, this period of the life course is usually referred to as adolescence and this was first 'discovered' by American psychologist Stanley Hall (Rugg and Burrows 1999). Hall (1904) asserted that adolescents pass through a phase marked by biological and developmental tasks that begin in puberty and perhaps 'end' with a young person achieving autonomy and independence from parents (this end-point is culturally-specific however). From a sociological perspective this period between childhood and adulthood is referred to as being a time of youth (Gillies 2000), which is characterised not in developmental terms but by a series of 'events'. These events in modern Western populations have historically included entering the labour market, leaving home, getting married and becoming a parent (Kiernan 1986). For the purposes of this research, 'young person', 'young adult' and 'youth' are used interchangeably. The term 'adolescent' is used to refer to the period when young people in Britain are at secondary school, when they are aged 11-16.

Although youth is not solely defined by age, it is important to set age boundaries in order to carry out research and young people aged 16-24 are the focus of this thesis. Sixteen was chosen as the lower age boundary because this is the age that compulsory schooling in Britain ends and before this age young people are unlikely to experience the key transition events outlined above. The upper age boundary was more difficult to set, particularly as the transition to adulthood is becoming prolonged. Young people today are more likely than are previous cohorts to experience tertiary education before entering full time employment and the age of first marriage is higher for men and for women than in previous decades in post-war Britain (although similar to age at first marriage in earlier historical periods). The age boundary was set at 24 because it was felt that this was high enough to capture some of the transition events whilst not being too far away from when the young person was at secondary school<sup>1</sup>.

---

<sup>1</sup> This is important because the period when young people were aged 11-15 is also of interest in this study



I decided to focus on some of the key episodes that typically occur during the transition to adulthood in this research, namely whether young people were in further or higher (tertiary level) education, in full time employment or whether they were unemployed or economically inactive, referred to throughout this thesis as being NEET (not in education, employment or training). The majority of young people aged 16-24 can be categorised by these events whereas a substantial proportion of young people have not left home or experienced marriage by the age of 24, which would mean inadequate heterogeneity on which to base the analysis. References to the transition to adulthood therefore refer, unless otherwise stated, to young people's participation in tertiary education, work or NEET status.

### *1.2 Family life*

Family life forms an important strand of this thesis. Although what constitutes a 'family' might have changed most children still grow up in one (ONS 1999) and family life is thought to be a major influence that can shape and determine young people's life chances (Stewart-Brown 2000). The central aspect of family life considered throughout this thesis is the parenting 'style' adopted by parents when their child is at secondary school, i.e. when they are an adolescent. I want to determine whether the way that parents 'parent' a young person during adolescence is related to the young person's subsequent mental, social, emotional and physical well-being when they are aged 16-24. Additionally I want to analyse whether parenting style in adolescence is associated with a young person's eating habits when they are 16-24.

Since the 1960s and 1970s, researchers, and more recently, government and policy makers have sought to qualify exactly what a parent can do in order to try and raise a well-adjusted young person (Lamborn et al. 1991; Department of Health 1995). The British government has acknowledged that:

'Long-term problems occur when the parenting style fails to compensate for the inevitable deficiencies that become manifest in the course of 20 years or so it takes to bring up a child' (Department of Health 1995: 19)



Yet the notion of 'good enough parenting' (Hoghugh and Speight 1998) is an idea much further developed in the US than in Britain. Diana Baumrind (1967; 1968; 1978; 1991), an American psychologist, is considered the pioneer of the concept of an 'authoritative' parenting style. Baumrind interjects two bipolar constructs of parenting, 'authoritarianism' and 'permissiveness', with the notion of an 'authoritative' style. The 'authoritative' parent directs and guides a child using rational, shaping behaviour, in order to successfully raise an 'optimally competent' child (Baumrind 1978: 61). 'Authoritarian' parents on the other hand favour punitive measures and discourage autonomy whereas 'permissive' parents allow the child the 'upper hand' in their upbringing, showing little constraint or control on behaviour.

To become an 'optimally competent' adult (Baumrind 1991: 61) adolescents need parents who are both demanding and responsive. Demandingness refers to supervision, discipline and appropriate confrontation resulting in an integrated family unit whereas responsiveness is parents' attempts at fostering individuality, self-regulation and self-assertion by means of support and involvement. 'Authoritative' parents show high demandingness and high responsiveness; they set boundaries and are assertive but not intrusive, and they are supportive but not punitive. 'Authoritarian' parents exhibit high demanding behaviour but not high responsiveness by 'ruling' rather than guiding, they expect obedience. 'Permissive' parents are responsive but not demanding, avoiding confrontation and rules and allowing a young person extensive freedom. Maccoby and Martin (1983) have since added a fourth type of parenting style to the typology. 'Rejecting-neglecting' parents exhibit neither demanding nor responsive behaviours, thereby not supporting or directing their child. This fourfold typology has been widely used in research on parenting (Steinberg 2000) and it is used in the current research as an indicator of parenting style.

One important point to note is that throughout this thesis I look at parenting only from the young person's perspective. Parents are not given a voice in this research simply because this was not possible in terms of research practicalities - there was not enough time available to include parents in the research design. It is acknowledged though that this puts a particular slant on the data analysed. Parents and young people see 'the family' from different perspectives and it has



been suggested that there is rarely congruence between a young person's report of family life and their mother's or father's (Sweeting 2001).

### **1.2.1 Intact and non-intact families**

Most young people still grow up in a family with both of their biological parents, in an intact, 2-parent family (ONS 1999). There has been much interest however in the rise of lone parent and stepfamilies in Great Britain because these, and other family types have become more prevalent since the 1970s (ONS 1999).

Research has suggested that young people growing up in non-intact families have different life chances to their peers (Kiernan 1992; Haskey 1997; Joshi et al. 1998). Equally though there is also evidence that the type of family that young people experience is less important than the way in which they are parented (Mental Health Foundation 1999). So one objective of the current research is to assess whether parenting style is more important for young people's well-being in early adulthood than whether they grew up with both of their biological parents. 'Family type' refers in this study to whether young people were in an intact<sup>2</sup>, lone parent<sup>3</sup> or stepfamily<sup>4</sup> during adolescence. This derivation implies that lone parent and stepfamilies are non-intact, whereas some lone parent families are intact if the family has never had a second parent present (e.g. if the mother has always been never-married and non-cohabiting). Single, never-married lone mothers make up an increasing proportion of all lone parent families with dependent children, but mothers who become lone parents through divorce, separation or widowhood still form the majority of this family type (Haskey 1998) and therefore I use the term intact families throughout the thesis to refer to families with 2 biological parents.

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<sup>2</sup> living with both biological parents

<sup>3</sup> living with just one biological parent, regardless of whether that parent is never-married, separated or divorced

<sup>4</sup> living in a family where one adult is the partner of the young person's biological parent



It is difficult to calculate how many young people aged 16-24 who live at home live with a lone parent or in a stepfamily. Most published reports from general surveys (like the General Household Survey) only include analysis of families with dependent children<sup>5</sup>. Analysis of the 1998 Health Survey for England (Table 1.1) suggests that 15% of 16-24 year olds are living in a lone parent family (which corresponds to 24% of young people still living at home) whilst 5% are living in a stepfamily (8% of young adults still living at home). These figures suggest that the proportion of young people living at home aged 16-24 living in each family type is not that different to the proportion within families with dependent children. In the 1998 General Household Survey, 25% of all families with dependent children were lone parent families and 6% were stepfamilies (Bridgwood et al. 2000).

**Table 1.1 Health Survey for England 1998: Distribution of young people aged 16-24 by the family type they were living in**

	n	%
Intact family	830	44%
Lone parent family	285	15%
Stepfamily	94	5%
Left home	670	36%
All	1879	100%

**1.3 Socio-economic status**

It is important to consider the socio-economic position young people and their families are in because this is perhaps associated with the parenting style adopted by parents, or with young people's own well-being or economic position in young adulthood. The term socio-economic status is generally preferred in this thesis, rather than social class. When discussing the literature on social position I refer to young people based on their parent/s' occupations. For example, manual/non-manual backgrounds; social class I/II (professional) and IV/V (semi skilled/unskilled). Discussion of the measure used in the empirical analyses is in Chapter 4, Section 4.8.3.

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<sup>5</sup> i.e. children under the age of 16, or aged 16-18 and never-married but in full time education and living in the family unit. Walker, A., J. Maher, et al. (2001). Living in Britain: Results from the 2000/01 General Household Survey. London, National Statistics.



### ***1.4 A sense of well-being***

Well-being has become more firmly located within the domain of health since The World Health Organisation's (WHO) definition became established in 1946. The WHO's assertion that health is 'a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity' (Bowling 1997) marked the beginning of a move away from a negative, medical model of health. Viewing health along a positive-negative continuum from being fully 'well', through to being very ill provides a much wider and probably truer, picture of health among a population and not just among the 'ill' minority. As a holistic term, well-being is probably a state that includes a balance of positive feelings, for example confidence, enjoyment and happiness (Stewart-Brown 2000) with a lack of negative feelings, such as anxiety or worry. Such a state is thought to be enabling, leading to the resolution of problems, and to relationships with others that are beneficial (Stewart-Brown 2000). Not attaining such a state of well-being can lead to distress, illness and a reduced quality of life (Bowling 1997). Although most individuals may be able to say whether or not they feel 'well' without too much thought, the concept of well-being is a complex one, most often dealt with not by exploring the holistic 'whole' but the specific dimensions of mental (psychological), emotional, social and physical/general well-being. Definitions of each of these are considered below, along with some of the more common measures of each aspect of well-being.

#### **1.4.1 Mental well-being**

Studies of mental well-being still tend to lean toward investigating poor mental health, based traditionally on clinical or medical models. The Mental Health Foundation has widened the definition of mental well-being in children and young people in their report, "Bright Futures" to include more positive aspects for example, to be 'able to grow and develop emotionally, intellectually and spiritually' (Mental Health Foundation 1999: 5). Mental well-being is often measured using standardised instruments, like the 12-item General Health Questionnaire which is used to assess whether an individual has enough 'symptoms' to warrant psychological intervention (Goldberg and Williams 1988). Indicators of self-esteem, self efficacy and locus of control are used to measure more positive aspects of psychological well-being. Self esteem is a broad term used to describe a 'positive or negative attitude towards...the self' (Rosenberg



1965: 30). Self efficacy and locus of control are suggested as factors within the domain of self esteem (AbuSabha and Achterberg 1997). Self efficacy is a measure of an individual's belief in their own ability to change aspects of their own life. Similarly, locus of control is a measure of whether a person believes that they are in control of their own destiny, that other people (e.g. their family) are in control or that life is down to chance (Steptoe et al. 1994). The range of established indicators used to measure mental well-being is much greater than used within the other dimensions. Poor mental well-being is known to be affected by poor physical health (Bowling 1997).

#### **1.4.2 Emotional well-being**

Emotional well-being is an entirely subjective state (Stewart-Brown 2000) because it is not possible to directly measure feelings of happiness or morale. Personal evaluations can however be important indicators of health (Bowling 1997). Life satisfaction scales are the most common measure of emotional well-being. Standardised threshold scores for life satisfaction scales are often not used which perhaps reflects the fact that there is less specific research on emotional well-being than on other aspects of the concept. Emotional well-being is quite often subsumed within research on psychological well-being (cf. Buchanan 2000).

#### **1.4.3 Social well-being**

Social well-being is usually defined by two intrinsic factors, social capital and social support. At the community level, social capital refers to the benefits gained through social support networks that have a cumulative effect on individual well-being (Cooper et al. 1999). For example having access to or being part of a church, school or voluntary group is thought to build reciprocal trust and support and benefits the individual as well as the community as a whole. At the individual level, social support can be in terms of perceived support or actual help received (Cooper et al. 1999). Perceived social support is thought to be more predictive of health status than is received social support (Cooper et al. 1999). Knowing that support is there if needed is perhaps more important to health than actually receiving help with a problem. The current study will focus on perceived, rather than received social support. Poor social



well-being has been associated with increased mortality risk, and poorer mental health (Bowling 1997).

#### **1.4.4 Physical well-being**

There is some disagreement about whether subjective measures of physical health can be incorporated into studies of well-being, mainly because physical health is thought of as something that can only be measured objectively, for example, by a clinician (Fylkesnes and Forde 1991). When asked to self-rate health it is possible of course that respondents are not merely rating their physical health. Whilst there is evidence that factors such as health behaviour can influence self-rating (Farmer and Ferraro 1997), it is becoming increasingly acknowledged that specific physical health problems (Manderbacka et al. 1999), and chronic disease (Fylkesnes and Forde 1991) have stronger associations with self-rated health than other factors do. Self-rated health status is known to be associated with a wide range of outcomes, including increased mortality risk, recovery from illness time and use of health services (Bowling 1997).

It is perhaps not surprising that there is no standard way to measure well-being, when the concept itself is so diverse and additionally, is often culture-specific (Mental Health Foundation 1999). As a field of academic study that has not yet fully evolved, well-being tends to be prefixed by emotional, social, mental or physical without any clear or substantive differentiation (Buchanan 2000). Developing more encompassing measures of well-being is undoubtedly one of the challenges for research in this area (Buchanan 2000).

#### ***1.5 Eating a healthy diet***

The health risks associated with diet are not usually expressed until mid or late life but eating a healthy diet throughout life is regarded as a key factor in preventing the major causes of mortality and morbidity amongst the British population (Department of Health 1999). The government white paper 'Saving Lives: Our Healthier Nation'<sup>6</sup> (Department of Health 1999) outlines a commitment to achieve a reduction in mortality related to cancer and heart disease/stroke.

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<sup>6</sup> And the previous White Paper, 'Health of the Nation' Department of Health (1992). Health of the Nation: a Strategy for Health in England. London, HMSO.



Individuals are encouraged to take control of social, economic and environmental factors that play a part in these diseases and improving diet is an integral part of this strategy (Department of Health 1999).

In keeping with the public health context in which this thesis is set, a healthy diet is defined as one that is thought to meet Department of Health guidelines for improvements in morbidity and a reduction in premature mortality. What is not considered as part of this research project is what young people themselves consider a healthy diet.

#### **1.5.1 Population level dietary advice and the health risks associated with diet**

The Department of Health's Committee on the Medical Aspects of Food (COMA) has published reviews on the nutritional aspects of both cardiovascular disease and cancer (Department of Health 1994; 1998). These reviews recommend what nutrients are needed for achieving good health, based on the available research-based evidence. Additionally though, the panel suggests what food types should be included in an average diet in order to meet nutrient requirements with the aim of reducing disease levels. All of the advice given by COMA has the aim of improving population health, not individual health.

Cancer is a major cause of mortality, responsible for one in three deaths worldwide (Department of Health 1998) and in Britain, the risk of developing cancer is increasing (Department of Health 1999). Although cancer mainly kills individuals over the age of 65, there is growing evidence that preventive action throughout life will prevent the development of cancer later on (Department of Health 1994; 1998). Diet is thought to be responsible for one third of all cancers in Britain (Department of Health 1998).

As there is no evidence that eating fruit and vegetables increases the risk of any cancer, the recommendation is to increase intake to 5 portions a day (Department of Health 1998). Eating foods with a high fibre intake, like wholemeal bread and bran-based breakfast cereals, has been found to protect against colon and pancreatic cancers and therefore increased consumption of these foods is recommended (Department of Health 1991).



Cardiovascular disease (CVD) is responsible for about 200,000 deaths per year in Britain (Department of Health 1999). CVD is a generic term that includes coronary heart disease (CHD) and stroke. CHD and stroke have several, often interlinked, risk factors, but diet is thought to be a major contributor to the aetiology of these diseases in Britain (Department of Health 1994).

Saturated fat in the diet should be kept to less than 10% of total energy intake to prevent levels of LDL cholesterol from rising, increasing the risk of coronary heart disease (Department of Health 1994). Hydrogenated or hardened fats not only raise LDL cholesterol levels, they also decrease the more beneficial higher density lipoprotein (HDL) cholesterol levels too, which has an effect on CHD mortality. The panel therefore recommends that levels should not be higher than 2% of total energy intake (Department of Health 1994). Hydrogenated fats are generally found in processed bakery items, like cakes and biscuits and in margarines. A high total fat intake is implicated in the development of cardiovascular disease, therefore it is recommended that total fat intake accounts for no more than 33% of total energy intake.

From the deficit in energy intake left by the reduction in fat consumption outlined above, the COMA review group recommend that intake of carbohydrate foods, for example, pasta, fruit and vegetables be increased to account for 50% of dietary intake (Department of Health 1994).

The COMA review group have made suggestions for dietary change that will meet the recommendations described above which should result in a reduction in cardiovascular diseases at population level (Table 1.2) (Department of Health 1994). The recommendations for dietary change include eating less fatty meat and meat products, less high fat dairy products and full fat spreads, less salt and more potatoes, pasta, fruit, vegetables and bread. Eating one portion of oily fish per week is also recommended (Department of Health 1994).



**Table 1.2 Some suggested dietary changes that would help achieve a healthier diet among the British population**

<b>Food type</b>	<b>Current consumption<sup>\$</sup></b>	<b>Suggested consumption</b>
Milk	1 glass whole milk plus 1 glass semi-skimmed milk per day	½ glass whole milk and 1¼ glasses semi-skimmed milk per day
Red meat and meat products	7 portions per week	3 ½ portions per week
Butter and margarine	Spread for 3 slices bread per day	Spread for 1 ½ slices bread per day
Low and reduced fat spreads	Spread for 1 slice bread per day	Spread for 2 ½ slices bread per day
Potatoes	1 small portion (2 egg sized potatoes) per day	1 medium portion (3 egg sized potatoes) per day
Vegetables and vegetable products	2-3 portions per day	4 portions per day
Fruit and fruit products	1 ½ pieces per day	2 pieces per day
Bread	3 slices per day including 1 ½ slices wholemeal	4 ½ slices per day including 2 ½ slice wholemeal

<sup>\$</sup> Current consumption is based on National Food Survey averages for 1992 (Department of Health 1994)  
Source: Department of Health (1994)

There has been a rise in the proportion of the British population, including children (Reilly et al. 1999), who are overweight or obese and these trends are associated with diet (as well as having a sedentary lifestyle). Being overweight or obese is related to the onset of diabetes and coronary heart disease as well as to risk factors associated with these diseases like raised blood pressure for example (Department of Health 1994). The dietary advice described in this section for preventing cancer and coronary heart disease also applies to reducing the levels of overweight and obesity.

***1.6 Aims and objectives of the research***

The overall aim of this thesis is to examine the relationships between family life, well-being and eating healthily among young people in Britain during the transition from adolescence to adulthood. The research is approached from a social science perspective, but set within a public health context. This study is exploratory and therefore a number of research objectives are posed, rather than specific hypotheses, in order to meet this overall aim. The objectives are:



**To examine young people's mental, emotional, social and physical well-being and analyse whether well-being is associated with key transitional episodes.**

These dimensions of well-being will be analysed in relation to whether young people are students, in full time employment or 'not in education, employment or training' (NEET).

**To examine young people's experiences of family life during adolescence and analyse how these are associated with their mental, emotional, social and physical well-being in young adulthood.**

Parenting style when young people are adolescents will be analysed in relation to well-being when young people are 16-24. Associations between family type (intact, lone parent or step family), parenting style and well-being will also be analysed.

**To analyse whether eating healthily is associated with the transition to adulthood and how this relationship is mediated by levels of mental, emotional, social and physical well-being.**

What young people eat will be assessed in terms of whether it is 'healthy' compared with Department of Health recommendations. An additional aim is to consider healthy eating within the context of the transition to adulthood and this includes analysing the role that family life plays. This analysis is then drawn together to examine how well-being is associated with these factors.

Age (within the 16-24 range), gender and socio-economic status are important covariates that will be considered throughout this study because it has been suggested that these are important factors for family life, well-being and eating habits (Bull 1985; Sweeting et al. 1994). There are other confounding factors that although acknowledged as perhaps shaping young people's family lives, well-being and eating habits are not explicitly included as covariates in this study. These include ethnicity, number/order of siblings, poverty, neighbourhood characteristics and parental education. The framework for this research is



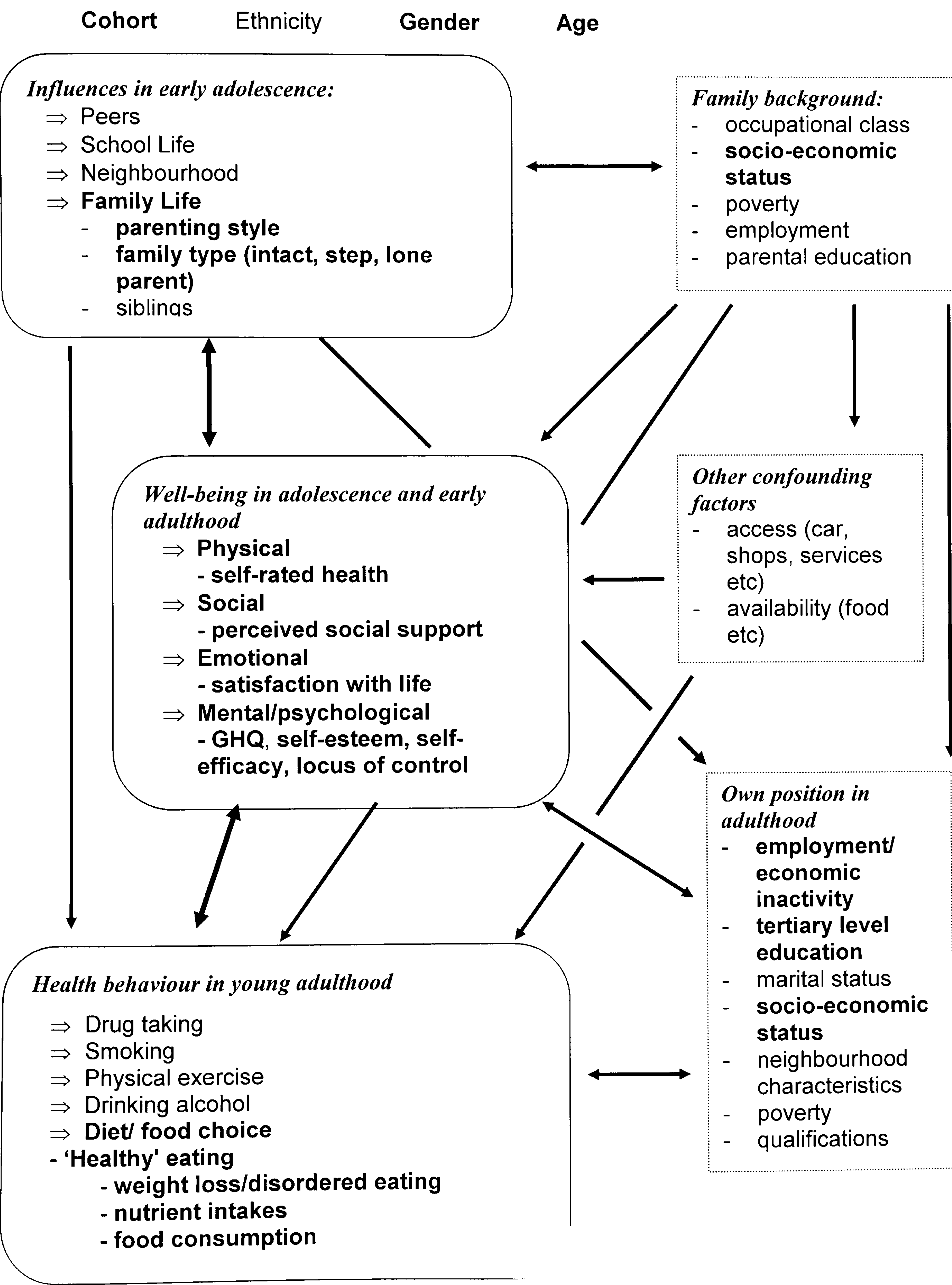
illustrated in Figure 1.1. The factors explicitly considered in this study are shown in Figure 1.1 in bold type and the arrows indicate how these areas could be interrelated. This prompts further consideration of some of these relationships, specifically, the issue of causality.

By viewing the dependent variables analysed as ‘outcomes’, this could be taken as implying a cause and effect model that cannot in fact be explored in the current research. There are several relationships shown in Figure 1.1 which are analysed using cross-sectional data which could feasibly take either characteristic as the ‘outcome’. Well-being and healthy eating and well-being and social position for example. It is perhaps more helpful to view such variables as co-variates, rather than as independent or dependent variables. The longitudinal analysis of family life in adolescence and later well-being, whilst fulfilling an important criteria of a cause and effect model – that ‘A’ (family life in adolescence) precedes ‘B’ (well-being in young adulthood) (Arjas 2001), does not consider events prior to adolescence. This is an important omission because predictors of family life in adolescence from before the child reaches adolescence, which might predict well-being outcomes need to be controlled for if causation is to be addressed (Ni Bhrolcháin 2001). Family conflict or marital breakdown during the period before the child reaches adolescence are two such factors.

In order to establish whether a truly causal relationship exists between family life and later well-being the outcome measures would need to relate exclusively to the period after ‘family life in adolescence’ had ended (Ni Bhrolcháin 2001). This suggests that well-being in early adulthood would need to be differentiated somehow from well-being prior to this. Ideally reverse causation and selection effects also need to be ruled out (Ni Bhrolcháin 2001). A child’s mental health could influence the parenting style the parent adopts and it could be this relationship that modifies a young adult’s mental health status rather than parenting style *per se*.



**Figure 1.1 Framework for the research**  
 (bold type indicates factors explored in the research)





Discussion of changes in the rates, precursors and consequences of teenage pregnancy in Britain helps to further illustrate some of these points about establishing whether a causal relationship exists. It is thought that teenage motherhood is associated with poorer outcomes, like a greater likelihood of marital breakdown and poorer economic and housing conditions (Kiernan 1980, 1995). However, there is also evidence that girls who experience adverse conditions in childhood are more likely to become pregnant in their teens than are their peers who experience more favourable social and economic conditions (Kiernan 1980, 1995).

There were more teenage pregnancies (as a proportion of all live births) in the 1960s than the 1970s and yet the social problems often associated with early childbirth increased as teenage birth rates declined. Maughan and Lindelow (1997), using the 1946 and 1958 birth cohort studies, analysed the social, educational and behavioural precursors to teenage versus older age at motherhood. They also explored the consequences of motherhood, including the consequences for women's mental health.

These findings suggest that women born in 1958 who became teenage mothers were more likely to suffer from psychiatric morbidity than were older mothers, yet this was not the case for teenage mothers from the 1946 cohort. These findings were statistically significant even when other adverse adult outcomes were controlled for. However, the analyses also suggest that girls in the 1958 cohort were at a greater risk of early motherhood if they also experienced certain adverse conditions in childhood, prior to becoming pregnant. Women born in 1946 who become pregnant as a teenager were not at an increased risk of behavioural and educational difficulties whereas those born 12 years later were. The authors conclude that as teenage pregnancy becomes less common, so the paths followed by the girls who subsequently become pregnant become more marked from their non-pregnant peers. The consequences of teenage pregnancy also seem to become heightened as rates decline. This suggests that the relationship between teenage pregnancy and mental well-being is modified by prior adverse characteristics in childhood and adolescence. Events through time are complex and perhaps unobservable in their entirety. Arjas



(2001), to demonstrate this point, uses the example of whether pregnancy influences a never-married cohabiting couples' time to marriage. Arjas argues that even if marriage rates were higher for cohabiting couples who become pregnant than for those who do not become pregnant, this cannot show that 'pregnancies are causing marriage' (2001: 63) because it is unlikely that the intentions of the couple were fully observed or fixed prior to pregnancy<sup>7</sup>.

These examples serve as a reminder that there are other (prior) characteristics likely to modify the relationships analysed in this thesis. It is important to acknowledge, and ideally to examine, issues of causality in empirical research and yet almost impossible to satisfactorily build all confounding prior characteristics into an exploratory design (Arjas 2001; Ni Bhrolcháin 2001). Therefore a caveat to the analyses presented in this thesis is that the statistical associations and qualitative findings discussed do not imply cause and effect, only, where relevant, that a time order was present and that the statistical association exists (Ni Bhrolcháin 2001).

### *1.7 Meeting the research objectives*

Small-scale qualitative investigations have been used to explore the transition out of the family home and food choice (Wills and Bailey 1997) and past family relationships and eating habits (Wills Unpublished dissertation). The unstructured nature of such research meant that whilst poorly understood issues can be examined in depth, the investigations can be limited in other ways. For example, detailed socio-demographic information is not usually collected when using such methods, and the sample is not randomly drawn, making it almost impossible to compare sub-groups or to generalise widely about the findings.

It was therefore felt that analysis of large, nationally representative data sets was needed to meet the objectives of this study. Random sampling (with stratification) means that the precision of results can be estimated and results generalised to the wider population. Factors such as family type, socio-economic status and own labour market position can be looked at in a large sample,

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<sup>7</sup> 'Considering pregnancy as a cause of marriage would necessitate comparing the two options 'pregnancy' and 'no pregnancy', but keeping the identity of the couple, including their plans and intentions, fixed'. (Arjas 2001: 63)



alongside the other key variables of interest. Doing secondary analysis on data that has already been collected increases the feasibility of reaching a representative sample and this also expands the generalisability of the results. Secondary analysis also removes the costs involved in collecting a large amount of survey data and therefore it was decided to analyse existing data.

Although there are many advantages in using large quantitative data sets, especially when doing secondary analysis, it is not possible to report on anything other than the pre-determined responses to closed questions. Triangulating the methodologies used, by adopting both quantitative and qualitative methods of data collection and analysis (a mixed methods approach) overcomes this difficulty by reducing the impact of the known weaknesses of each of the methods included in the study design (Singleton et al. 1993). Using a mixed methods approach for this research project was considered beneficial for two reasons (Brannen 1992);

- i. The quantitative part of the research enabled an approximate representative sample to be investigated. The qualitative element was used to look at an *unrepresentative* sample, to look at extremes and differences not uncovered by the quantitative data analysis.
- ii. Any inconsistencies between quantitative and qualitative findings are perhaps because the two different approaches tap into different elements of the topic, therefore the overall research objectives can be fulfilled more adequately than if one method is used.

This research project combined the collection of new, qualitative data with the secondary analysis of large quantitative data sets. Ultimately, this helps increase understanding of the substantive issues involved in this research, particularly as the study is conceptually diverse.

#### **1.7.1 Data sources and how they meet the study objectives**

When deciding which quantitative data set to use, it was apparent that there was no single source with which to address the study objectives in their entirety. Such a data set would need to allow longitudinal analysis of parenting and family life in early adolescence in relation to well-being and healthy eating in young



adulthood. The British birth cohort surveys<sup>8</sup> were considered as a source of data.

The 1970 British Cohort Study, although containing some key variables that would be appropriate, had not surveyed the cohort at a sufficient number of follow-ups to allow analysis of the relevant topics over time (follow-ups have been at ages 5, 10, 16 and 26). For example, eating habits and well-being were asked about at age 16, but parenting and family life was not asked about at age 10. The 1958 cohort study, (the National Child Development Study) had not covered eating habits in any follow-up and therefore was not suitable for analysis.

A 1946 cohort has also been studied, but this cohort were leaving home in the 1960s and 1970s, which was considered too long ago for the purposes of looking at contemporary youth transitions.

It was decided that the objective of using quantitative data would be better addressed by breaking down the objectives into two separate strands, and addressing them individually with different data sets. The British Household Panel Survey (BHPS) and the Health Survey for England (HSFE) were deemed suitable for this purpose and these are discussed in depth in Chapter 4 and 5. The BHPS was well suited to answer the research question about family life in adolescence and well-being in young adulthood because it is a longitudinal panel survey. Cross-sectional analyses of well-being and experience of transitional events were also carried out.

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<sup>8</sup> These cohort studies track the lives of groups of people born in certain weeks of 1946, 1958 and 1970



The BHPS also offered the possibility of deriving a typology of parenting styles, similar to that used by Baumrind, which was discussed earlier. The youth members of the BHPS could be tracked from early adolescence (age 11-15) to young adulthood, (currently up to age 20). It is the design potential and type of variables included in the youth panel survey that led to the decision to use the BHPS for this research.

The HSFE is an annual cross-sectional survey of children and adults and was appropriate for looking at well-being and healthy eating at one time point, in young adulthood. There are large-scale UK surveys that cover eating habits in more detail than the HSFE, but these did not include questions on well-being (cf. Gregory 1990; MAFF 1999). Other surveys like the General Household Survey (Bridgwood et al. 2000) cover well-being but not eating habits. The HSFE offered for analysis a large representative sample of 16-24 year olds in private households in England. Eating habits were included in several of the survey years, and well-being variables are included in each of the surveys.

#### **1.7.1.2 Collection of qualitative data**

As stated in Section 1.1, I want to explore young people's lives in the context of their economic and educational positions. Ideally this would mean collecting data from young people in further and higher education, in employment or unemployment and from those who are economically inactive. However, it was felt that to find a sample encompassing all of these social positions, even if I used multiple study sites, would be impractical given the time available to carry out the fieldwork. Therefore I decided to concentrate on one specific group of young people in full time education. This meant that I could look in more detail at this one group, than I would have been able to had I looked at young people in different economic and educational settings. It was important to be able to look at young people aged from 16 to 24 and therefore this excluded sixth form colleges (maximum age usually 18-19) and universities (minimum age usually 18). Additionally, it was hoped that the sample would be heterogeneous in the paths they were choosing for themselves, which also partly precluded sixth form colleges (which concentrate on A-levels) and universities (which only offer higher education/degree courses). It was decided that colleges of further education



would be suitable because of the age of students that study at them and the wide range of courses followed. For example, young people pursuing vocational qualifications attend plus those commencing higher education degree courses.

The decision to concentrate on students at a college of further education did limit the analysis and interpretation of the data. This was partly because of a lack of comparable evidence about young people in, for example higher education or full time work. Additionally, the quantitative data analysis of ‘students’ aggregates those in higher and further education and therefore the findings are not directly comparable to those from the qualitative study<sup>9</sup>.

Further details about the study site chosen, and the qualitative methods used are in Chapter 6. The way in which the data sets were used to address the main substantive research topics is clarified in Table 1.3 below.

**Table 1.3 Methodological framework for the research**

Research topics	Family life	Well-being	Healthy eating	Analysis possible
Source of data:				
BHPS	✓ At age 11-15	✓ At age 16-20	✗	Cross-sectional and longitudinal
HSFE	✗	✓ At age 16-24	✓ At age 16-24	Cross-sectional
Qualitative project	✓ At age 11-16*	✓ At age 16-24	✓ At age 16-24	Cross-sectional

\* Family life during adolescence was asked about retrospectively

*1.8 Content of the thesis*

In Chapters 2 and 3 some of the most pertinent literature relating to the substantive areas addressed in the research is introduced and discussed. In Chapter 2 I look at the choices young people have when they leave school, in terms of the labour market, education and economic inactivity and how well-being fares during this period of change. Chapter 3 is primarily concerned with issues relating to young people's diet. I consider whether young people are

<sup>9</sup> note that most of the quantitative analyses were undertaken before the qualitative fieldwork commenced



eating in line with current recommendations and how young people's increasing autonomy might be at odds with notions of healthy eating. Whether this is related to family life and well-being is also discussed.

In Chapters 4-6 I discuss the sources of data used in the empirical analyses. In Chapter 4 I describe the British Household Panel Survey (BHPS), which was used to address the first two research outlined earlier in this chapter. Chapter 5 then outlines the second quantitative data set used in this research, the Health Survey for England (HSFE). The HSFE was used to operationalise the first and third research questions. Then in Chapter 6 I discuss the qualitative phase of the research, which involved collecting data from a group of young people at a college of further education to address all 3 research objectives.

Chapters 7-12 contain the findings from the analysis of the 3 data sets. Chapter 7 describes young people's family life and analyses how this is related to parenting style and family type. Chapter 8 presents some of the bivariate findings on diet and includes discussion of how 'healthy' young people's diets are and the importance of building a social appetite during periods of transition. In Chapter 9 I discuss the bivariate findings on young people's position in the labour market or education system (or otherwise) and determine to what extent this is embedded along gender and class lines. Chapter 10 includes the bivariate and multivariate analyses of young people's well-being and associations with the transition to adulthood. In Chapter 11 I discuss how earlier family life is associated with well-being in young adulthood and whether parenting style is more important than family type in this respect. Chapter 12 presents the multivariate analyses on diet and well-being and sets this into the context of young people's work, education and economic inactivity.

In the final chapter, Chapter 13, I discuss some of the more pertinent findings from the empirical research and discuss these in the context of the salient literature. Also considered are the methodological limitations of the research design and the indicators used in the analyses together with recommendations for future research on family life, well-being and eating healthily during the transition to adulthood.



## CHAPTER 2

### Young People in Britain

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This chapter examines the lives of young people in Britain in this late 'modern age' - at the end of the 20<sup>th</sup> and the beginning of the 21<sup>st</sup> Century. 'Youth' is often seen as a time of carefree abandon. It is therefore important to look at this period, when young people might be experiencing a great deal of life course change in order to get a sense of the context in which they are situated.

Literature from government sources is contrasted with evidence from demographic, sociological and psychological references. After looking at how the number and proportion of young people has changed in the last twenty years, the chapter moves on to explore the key transitional states that are the focus of this thesis, participation in tertiary education, the labour market and economic inactivity. Life for young people in contemporary Britain is not the same as experienced by previous cohorts of young people and therefore this period change is also addressed in respect to work and education.

This chapter then moves on to examine young people's well-being. Apart from gender differences in well-being, young people are compared with older adults and differences by education, work and economic inactivity are also discussed. Then I evaluate how family life in adolescence is associated with young people's well-being. I look at the literature on parenting style and well-being and also some of the effects of experiencing life in a non-intact family type.

The aim of Chapter 2 is to review some of the most pertinent literature relating to the lives of young people today, both in terms of their current 'position' and their well-being status. These issues are then picked up in the empirical analyses, in Chapters 7-12.

#### ***2.1 Population trends***

Lower birth rates in Britain from the mid-1960s to the end of the 1970s mean that the number of young men and women have been declining since about 1981 (Table 2.1). In 1998 there were 3.3 million men aged 16-24 in the UK, down



from 3.9 million in 1991 and there were 3.1 million women aged 16-24, down from 3.7 million in 1991. This represents a decline between 1991 and 1998 of some 15% overall.

**Table 2.1 Distribution of young people aged 16-24 by gender and age group, UK, 1971-2021<sup>1</sup> ('000)**

	1971 ('000)	1981 ('000)	1991 ('000)	1998 ('000)	2011 ('000)	2021 ('000)
<b>Male:</b>						
16-17	790	991	743	756	780	727
18-20	1,178	1,412	1,281	1,098	1,233	1,117
21-24	1,763	1,719	1,852	1,458	1,668	1,547
All	3,731	4,113	3,876	3,312	3,681	3,391
<b>Female:</b>						
16-17	752	938	700	717	741	693
18-20	1,139	1,363	1,214	1,942	1,187	1,076
21-24	1,735	1,665	1,778	1,389	1,614	1,499
All	3,626	3,966	3,692	3,148	3,542	3,268
All 16-24 (% change year on year)	7,357 (n/a)	8,079 (+10)	7,568 (-6)	6,460 (-15)	7,223 (+12)	6,659 (-8)
16-24 year olds as % of total UK population	13%	14%	13%	12%	N/A	10%

<sup>1</sup> 1971 to 1998 mid-year population estimates; 2011 and 2021 are 1998-based projections  
Source: National Statistics (2000) and ONS (2000)

Young people are gradually representing a smaller proportion of the total population in the UK (Table 2.1). In 1991, 16-24 year olds represented 13% of the UK population, which decreased to 12% in 1998. By the year 2021 this age group is predicted to represent just 10% of the total population. If life chances are determined by cohort size (which is the theory behind the Easterlin hypothesis (Easterlin 1987)) then the smaller population of young people in the late 1990s would have different and perhaps better life chances to the larger cohort born fifteen years previously. Indeed, the recession at the end of the 1970s saw the youth labour market contract when the number of 16-24 year olds was still increasing (Furlong 2000). This meant that young people were often jobless and some would argue, aimless and lacking in choices. The declining number of young people since the 1980s coincided with a transformation of the normative routes from school for British youth (Furlong 2000). More young



people started staying on in the education system to an older age and fewer young people left school to directly enter full time employment.

2.2 Tertiary education

Using data from the 1958 National Child Development Study, Kiernan (1992) reported that in the 1970s, almost 90% of young people had entered the labour market at age 19 (either employed or unemployed). In comparison, in the 1990s the numbers of young people staying in full time education rose sharply, with almost three quarters of 16 and 17 year olds and four in ten 18-20 year olds now remaining in full time further or higher education (see Table 2.2). Only one in ten 16 and 17 year olds now leaves school to go directly into employment (Table 2.2).

Table 2.2 Young people aged 16-24: Participation in tertiary education and economic activity, by age group, UK 1999-2000

	16-17	18-20	21-24
	%	%	%
In Education System:			
- FT education only	44	23	10
- FT education and PT work	28	17	5
- PT education and PT/FT work	3	6	5
Economically Active:			
- In Employment	11	37	61
- Government Supported Training	4	2	0
- Unemployed	6	8	7
Economically inactive	4	8	12
All ('000)	1,442 (100)	2,189 (101) <sup>1</sup>	2,730 (100)

1 does not add up to 100% due to rounding  
Source: National Statistics (2000)

The choices on offer to young people, particularly those studying for further education qualifications have changed quite substantially since the publication of the government's White Paper on education and training and the subsequent review of vocational qualifications in 1986 (Qualifications and Curriculum Authority 2001C). This is in part responsible for the increased participation in post-compulsory education (Furlong and Cartmel 1997), particularly, but not exclusively for the 16-18 year age group. On the academic track, young people study for A-levels after compulsory schooling has ended. The A-level system was changed in 2000 so that young people take 4 subjects at the intermediate



AS-level in their first year of post-compulsory study, dropping to 2 or 3 full A-level subjects in the second year (Department for Education and Skills 2002A).

Young people who want to follow a vocational route at an advanced level can take vocational A-levels<sup>1</sup> or, at the intermediate or foundation level, General National Vocational Qualifications (GNVQs). These qualifications are intended to develop skills and understanding in a vocational area, like childcare or engineering for those who want to then find employment or go into higher education (Qualifications and Curriculum Authority 2001A). Modern apprenticeships (MAs) are a work-based training route. MAs involve young people working for a company recognised within the scheme but they are able to pursue work-related National Vocational Qualifications at the same time (Qualifications and Curriculum Authority 2001B).

The main change that has taken place within higher education is to student funding. Since 1998, students have had to contribute towards tuition costs, to a maximum of £1,100 per annum (Department for Education and Skills 2002B). The exact amount payable depends on the income of young people's parents (or their own income if they are living away from home). All students are eligible for repayable loans, to a maximum of £3,905 per annum (for students not living at home, and not studying in London). One quarter of this amount is means tested. Since the abolition of student grants and the high uptake of repayable student loans (6 out of 10 students took out student loans in 1997/98 (ONS 2000)), the debt incurred over the course of earning a degree can be quite considerable.

### **2.2.1 Gender, class and post-compulsory education**

Until the 1980s young women were not as likely as were young men to participate in post-compulsory education and when they did participate it was more likely to be on vocational courses at college rather than degree courses at university (Furlong and Cartmel 1997).

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<sup>1</sup> Now called Advanced Vocational Certificates of Education (AVCEs) instead of Advanced GNVQs



However, young women are now participating in greater numbers, although the subjects that they study are still different to young men. For example, women are more likely to study creative arts and social science courses at FE level whilst men are more likely to study engineering and architecture, building and planning (Department for Education and Skills 2001A). Table 2.3 below shows that greater numbers of young women aged 16-19 and 2-24 are participating in higher education than are men.

**Table 2.3 Young people aged 16-24: Participation in post-compulsory education and training, by gender and age group, UK ('000)**

	Job related training <sup>1</sup>		Further Education <sup>2</sup>				Higher Education <sup>2</sup>			
			Full time		Part time		Full time		Part time	
	n	%	n	%	n	%	n	%	n	%
<b>Female</b>										
16-19	321	(31)	311	(30)	159	(15)	226	(22)	9	(1)
20-24	455	(43)	47	(4)	181	(17)	315	(30)	51	(5)
<b>Male</b>										
16-19	354	(33)	316	(30)	182	(17)	192	(18)	13	(1)
20-24	459	(47)	53	(5)	138	(14)	289	(29)	46	(5)

1 participation in the last 4 weeks; based on the Labour Force Survey 2001  
2 based on figures from the Department for Education and Skills and the equivalent departments in Scotland, Wales and Northern Ireland  
Source: Department for Education and Skills (2001A)

The increases in participation in further and higher education are not evident across all social groups; young people from lower social groups continue to be less likely to participate in any form of education. Data from the Youth Cohort Study (Department for Education and Skills 2001B) suggests that at age 21, two thirds of young people from non-manual backgrounds are undertaking some form of education, compared with less than half of their peers from semi skilled and unskilled families. Research by Forsyth and Furlong (2002) suggests that young people from disadvantaged backgrounds are under represented in higher education because of a lack of appropriate qualifications. But it is also suggested that youth from lower social groups are less willing to get into debt in order to get a degree (Forsyth and Furlong 2002).

The changes in participation in tertiary education combined with the decreasing numbers of young people in Britain means that there has been an actual drop of



one million 16-24 year olds in the labour market between 1971 and 1997 (ONS 2000).

### *2.3 Employment, unemployment and economic inactivity*

One in ten 16-17 year olds, over one third of 18-20 year olds and 6 in ten 21-24 year olds are in employment with a further 4% of 16-17 year olds and 2% of 18-20 year olds in work-based government supported training<sup>2</sup> (Table 2.2). There has been a concerted effort by Government to discourage the under-25s from entering the labour force without adequate employment prospects (Furlong and Cartmel 1997). Unemployment benefit (Job Seeker's Allowance) was set at a lower rate for 18-24 year olds from April 2000 (National Statistics 2000) and participation in the New Deal for Young People (NDYP) scheme for those unemployed for more than six months is compulsory (Millar 2000). NDYP requires benefit claimants to take up employment, further education or training by the end of a 'gateway' advice period (Millar 2000). Sixteen and 17 year olds are particularly disadvantaged if they enter the labour market too early as they are unable to claim unemployment benefit or income support (Jones and Bell 2000) until they reach 18, except in exceptional circumstances. Even for those young people who do find employment, the minimum wage introduced in 1999 does not apply at the full rate to them (it is currently £3.50 per hour, compared with £4.10 per hour for people aged 22+). Table 2.4 shows that average earnings are considerably lower before the age of 25 (National Statistics 2000); this inequity could have major implications for young people in respect of attaining independence. Young people under the age of 18 with full or part-time jobs earn an average of £145 per week (this low figure reflects the likelihood that young people of this age are more likely to be working part time rather than full time). There is an income differential by gender for those aged 18+. Young women earn £30 less per week than do men at age 18-20 and this increases to £45 per week less at age 21-24 (Table 2.4). It has been suggested that young women work fewer hours per week than men and therefore these differentials are exaggerated (Furlong and Cartmel 1997).

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<sup>2</sup> no 21-24 year olds are reported to be in government supported training, which is perhaps because the training schemes available in 1999-2000 were aimed at 16-20 year olds only



Dex (1985) however has argued that women do continue to earn less than men as they get older and this inequality transcends differences in the number of hours worked.

**Table 2.4 Adult average gross weekly earnings<sup>1</sup> (£) by age group and gender, UK, 1999**

	<18	18-20	21-24	25+
All employees	£	£	£	£
Male	145	210	305	455
Female	145	190	260	340

<sup>1</sup> includes full and part time employees  
Source: National Statistics (2000)

Although young people are encouraged to remain in education for longer before entering employment, there is now often an imbalance between qualifications and occupational outcome (Wyn and Dwyer 2000). It is reported that 65% of young people who graduated from university in 1995 got ‘graduate level’ jobs by the end of 1998 and managerial and professional jobs were gained by more graduates than by non-graduates (National Statistics 2000). However, there has been a ‘hollowing out’ (Furlong 2000: 132) in the youth job market with a relatively stable number of graduate/professional-type jobs available, a disappearing number of ‘middle level’ jobs, but a rapidly increasing number of positions requiring less skills and qualifications. Therefore, graduates not getting the top jobs have to lower their expectations and take positions that in the past would not have required a university degree. This is a situation created in part by the move away from manufacturing towards the service and ICT (information, communication and technology) sectors in Britain, requiring larger numbers of lower skilled employees. Although the ICT sector is perceived as needing highly qualified people, for example, software engineers and web-site designers, there have also been a huge number of lesser skilled jobs created. For example, running company computer helpdesks and laying high-speed telephone cables to cope with increased demand for internet access (Purcell et al. 1999). Young people are possibly disproportionately affected by increased employment demands in this sector, which is seen as being ‘young and fashionable’.



2.3.1 Being 'NEET'

Young people not in education, employment or training are described by the acronym, NEET (Elliott 2000). This includes young people who are unemployed, but also those who are caring for family, those who are sick or unable to work due to disability, or otherwise classified as economically inactive. The number classified as NEET rises with age to a total of over one million young people aged 16-24 (16%) (Table 2.2).

Unemployment is much higher among young people than in the population as a whole (Table 2.5)<sup>3</sup>, particularly for men. The downturn in unemployment between 1995 and 1999 amongst 18-24 year olds is a result of the introduction of the New Deal for Young People (NDYP) scheme and also a general fall in unemployment among all adults in Britain. The NDYP is reported to have helped half of the young people who were long-term unemployed (i.e. more than 6 months) and registered with the scheme between 1998 and February 2000 back into employment (Millar 2000).

**Table 2.5 Adult unemployment rates<sup>1</sup> (%) by age group and gender, 1991-1999, UK**

	1991 %	1995 %	1999 %
<b>Male:</b>			
16-17	15.4	18.9	21.6
18-24	15.7	17.7	12.5
All men aged 16 and above	9.2	10.1	6.8
<b>Female:</b>			
16-17	14.3	15.6	14.0
18-24	10.5	11.5	9.3
All women 16 and above	7.2	6.8	5.1

1 Unemployment based on number defined as unemployed by the International Labour Office (ILO) definition as a percentage of all economically active people  
Source: ONS (2000)

<sup>3</sup> Table 2.5 shows considerably higher rates of unemployment amongst young people than Table 2.2 because the data are compiled using the ILO definition of unemployment whereas the figures in Table 2.2 were compiled using claimant counts.



There has been much interest in what causes or contributes to a young person becoming NEET. Leaving school with few or no qualifications is strongly associated with NEET status (Payne 2000). Only 1% of young people who are NEET achieve 5 or more A\*-C grade GCSEs (National Statistics 2000) at school and young adults with no qualifications are 6 times more likely to be NEET than their peers with qualifications (Bynner and Parsons 2002). The work by Bynner and Parsons (2002) using data from the 1970 British Cohort Study also showed a whole range of socio-demographic and socio-economic factors (as well as factors that were by proxy associated with a disadvantaged background) that anteceded a young person becoming NEET. Young women's NEET status was more affected by family poverty (receipt of free school meals or state benefits) whereas living in an inner city or on a council estate was more predictive of young men's NEET status.

When young people in Britain leave compulsory schooling at 16, they face different choices than they would have a generation earlier. Changes at the macro level, like the significant reduction in jobs in the manufacturing sector mean that young people are considerably less likely to walk into full time employment at age 16 than were their parents. These changes have been accompanied however by a shift in expectations for young people at this stage of the life course. Participation in post-compulsory education has increased dramatically which means young people are better qualified (educationally) even if this does not always lead to more highly skilled jobs. Young people undoubtedly go through a period of change after leaving compulsory schooling. But what happens to young people's health during this period of change? If well-being is different in young adulthood than it is in later life, is this associated with participating in tertiary level education, being in employment or being NEET?

#### ***2.4 Young people's well-being***

There is some difficulty in describing well-being in young adulthood because most research does not concentrate on the 16-24 age group. There are many studies that purport to address young people's well-being, but these usually focus on the under-16s, and rarely on the over 18s (Brannen et al. 1994; Hendry and Reid 2000; Bergman and Scott 2001). General studies that look at well-being do not give enough detail about age-specific populations and the wide age



bands used sometimes mean that youth or late adolescence is not discernible as a separate period of the life course at all (Furlong and Cartmel 1997). Analysis of the West of Scotland Twenty-07 study does however look at the health of young people aged from 15 to 21 (West and Sweeting 1996). The Twenty-07 study follows three cohorts of people, who were aged 15, 35 and 55 years in 1987/88. Data have been collected regularly about health and life circumstances since the baseline survey and the data on the 15-year-old cohort are discussed throughout this thesis.

But is well-being during the period from 16-24 years different to that of adulthood generally? Rutter and Smith (1995) argue that transitions to adulthood have changed in recent years, becoming prolonged and more complex. This, they purport, equates to more stress for young people because they feel insecure for longer and therefore adult identities are more difficult to develop. Additionally they report that young people have higher expectations of adult life than did their parents' generation, expecting more rewarding employment and higher pay for example and these too could be linked to an increased incidence of psycho-social stress.

Perceived social support appears to be a particularly important aspect of well-being in adolescence, not least because it is closely related to other aspects of well-being, such as self-esteem, confidence and happiness (Turner 1999; Hendry and Reid 2000). Adolescence is a time when peers are important and 'fitting in' with peers can have a positive effect on perceived social support whilst feeling rejected by friends and classmates is negatively associated with perceived social support (Hendry and Reid 2000). Feeling supported by friends is suggested as assuaging identity problems in adolescence whilst not feeling supported can exacerbate symptoms of depression (Crosnoe 2000). Perceived parental support is not generally viewed as being as important as is perceived support from peers (Turner 1999; Crosnoe 2000). Girls are reported to be more affected by negative perceived social support than are boys (Hendry and Reid 2000; Bergman and Scott 2001). Girls are also reported as having lower self-esteem, more negative self-efficacy, as well as being more likely to be unhappy (generally and also more specifically, with their appearance) and reporting more worries than boys (Brannen et al. 1994; Bergman and Scott 2001).



West and Sweeting (1996) report higher levels of GHQ 'caseness' in young women than in young men in the West of Scotland study and rates increase between ages 15 and 18. Being classified as a GHQ case means exhibiting signs of psychological morbidity which warrant clinical intervention. At age 15, 19% of young women were cases, rising to 42% at age 18. In men, 11% of 15 year olds but 33% of 18 year olds were found to be classifiable as a GHQ case. This gender difference is also apparent at older ages (Cooper et al. 1999). Problems with mental well-being are reported by Potts and colleagues (2001) to be more likely to remain undiagnosed in adolescents. One quarter of the 15 year olds (n=99) questioned in this British study were rated as GHQ cases yet only one young person had consulted his or her GP about their anxiety.

#### **2.4.1 Younger adults compared with older adults**

So well-being in late adolescence is variable among men and women, but how do young people compare with older adults? Analysis of the 1998 Health Survey for England (Erens and Primatesta 1999) shows that young men aged 16-24 are less likely to be a GHQ case than are older men (25+) whereas young women are more likely to be classified as a case than are women over the age of 24 (Erens and Primatesta 1999)<sup>4</sup>. In respect of perceived social support, young men (16-24) in the Health Survey for England were more likely to report having a 'severe lack' of support than were all other men under the age of 75 (Erens and Primatesta 1999). Young women on the other hand were no more likely to report a severe lack or no lack of perceived social support than women of other ages.

Analysis of the Health Education Authority's Health and Lifestyles Survey (Cooper et al. 1999) and also the Health Survey for England (Erens and Primatesta 1999) has suggested that men aged 16-24 are more likely to report that they have very good or good general health compared with men of other

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<sup>4</sup> The Health Survey for England, and most other studies of the general adult population uses a cut-off score for GHQ caseness of 3/4 (4 = caseness) whereas the studies of adolescents reported above use a lower threshold (3 = caseness).





ages. Young women aged 16-24 however are reported to be less likely than other women<sup>5</sup> to say they have very good or good health.

So young men aged 16-24 perhaps have better mental and general well-being than men aged 25+, but worse perceived social support. Conversely, young women are more likely to have worse mental and general well-being but better perceived social support than women over the age of 24. It should be borne in mind that gender and age differences in well-being could be due to reporting differences. Older men and younger women might be more inclined to report worse well-being than younger men and older women.

The literature on adolescent well-being has suggested that perceived social support is a crucial element of well-being during times of change or stress and young women in particular are affected by poorer perceived support from peers. A fair proportion are reported to have very poor mental well-being and a high proportion reports being only in 'fairly good' health. So if this period of the life course is associated with well-being, how does this relate to whether young people are in tertiary education, employment or unemployment (or otherwise 'NEET')?

#### **2.4.2 The association between well-being, education and economic activity**

There is surprisingly little evidence on how young people who participate in further and higher education fare in terms of their well-being when compared with their peers in work or other situations. Given the increasing numbers who participate in tertiary education, this is surely an area of importance. The study of the benefits of lifelong learning by Schuller and colleagues (2002) certainly suggests that there are several health-related benefits to participating in any form of formal learning.

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<sup>5</sup> In the Health Survey for England women aged 16-24 were less likely to report very good/good health compared with women aged 25-34 but in the Health and Lifestyles Survey they were less likely to report this than women of all other ages



For example, they report that education can improve a person's feelings of autonomy and efficacy, enhance their self-esteem and help to give them confidence in other areas of their life. This qualitative study<sup>6</sup> did not focus specifically on young adults but nevertheless it suggests that being a student could be positively associated with well-being. Another study from the Centre for Research on the Wider Benefits of Learning (Preston and Hammond 2002) reports the views of practitioners at colleges of further education in England. The authors report that 93% of practitioners agree or strongly agree that the 'learning experience' is related to improved self-esteem, and 47% agree or strongly agree that students experience psychological health benefits whilst 'learning' at college. The findings also suggest that 16-19 year olds are more likely, or are perceived to be more likely, to benefit from studying in terms of their mental health than are older students.

There is evidence to suggest that unemployment is negatively associated with well-being in young adulthood (and in adulthood generally). Analysis of the BHPS by Theodossiou (1998) showed that the psychological well-being of young people aged 16-22 was negatively affected by unemployment and being outside the labour market. Although unemployment was found to affect adults' well-being more than not being in the labour force, for young people the reverse was true. Other studies (Banks and Ullah 1988; Creed and Reynolds 2001) have also shown psychological distress to be higher amongst unemployed youth than their employed counterparts. West and Sweeting (1996) looked at the general health and mental well-being of young people who were unemployed in the Twenty-07 study, compared with their peers at age 18 who were working or in full time further or higher education. The results show quite clearly that the young unemployed have worse well-being; they are more likely to be a GHQ case and more likely to report that their health is 'not good'.

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<sup>6</sup> 145 adults aged 16-70+ were interviewed in London, Essex and Nottinghamshire. Twenty-one of the adults interviewed was aged 16-24.



Analysis of the 1970 British Cohort Study (Bynner and Parsons 2002) suggested that for men and for women, being NEET is associated with greater malaise, a more fatalistic attitude, dissatisfaction with life and not feeling in control of life. Bynner and Parsons (2002) suggest that women at home with children are similar in terms of well-being to women who are NEET under other circumstances and that women who are NEET but not parents are similar to young men who are NEET. Although Hall and colleagues (1999) report that young people living alone are less likely to feel socially isolated than are older adults, the reverse is perhaps true for young people who are NEET.

So participating in education is perhaps associated with a positive effect on well-being although there is no evidence to suggest that young people who are students are different in terms of well-being to their peers in work. What is clear is that being unemployed or being NEET is associated with having poorer well-being, and although there are differences between young women who are parents and those who are not, being NEET is linked with poorer outcomes regardless of gender and individual circumstances. Direction of causality could be important though; young people with better well-being might be more likely to participate in further or higher education or secure a full time job, as well as these young adults having better well-being as a result of their educational and work choices.

One of the major aims of this thesis is to analyse and explore well-being within the context of the family so the relationship between well-being, parenting style and family type is now considered.

#### **2.4.3 Family life and young people's well-being status**

The Mental Health Foundation's (MHF) (1999) report on the promotion of well-being in children and young adults describes how good parenting is essential for building resilience to problems in later life. The report concludes that poor parenting 'seriously impairs' the 'chances of developing into a mentally healthy, emotionally stable coping adult' (1999: 106). The MHF describe a range of risk factors that occur within the family environment from childhood, that can affect mental well-being. These include inconsistent and erratic discipline, lack of emotional warmth, rejecting relationships and lack of overall parental care.



These are offset if the child has a secure attachment to at least one parental figure and experiences 'authoritative' discipline (Mental Health Foundation, 1999). Katz (2000) reports findings from a survey of British 13-19 year olds that suggests that closeness to a father or father figure is strongly related to emotional well-being, particularly for boys. The results also suggest that boys categorised as high 'can-do'<sup>7</sup> are three times as likely to receive hugs from their father as low 'can-do' boys.

In Chapter 1, I outlined how the 'authoritative' typology of parenting which originated in the US (Baumrind 1968) would be used in my research to look at family life and well-being. This typology is based on whether parents are 'demanding' and 'responsive' and an 'authoritative' style, which is high on both of these dimensions, is considered the optimum style for adolescent well-being. The work by Shucksmith and colleagues is a rare example of published British research using this parenting typology. Shucksmith et al. (1995) use data on 4,000 Scottish adolescents from the Young People's Leisure and Lifestyles project when the respondents are aged 13/14 and 15/16. Analysis of GHQ scores and parenting style suggests that parenting style is significantly correlated with psychological well-being. Adolescents in 'neglectful/ problem' families have higher (worse) GHQ scores than those from the other parenting types, with adolescents from 'authoritative' families reporting the least psychological distress.

Steinberg et al. (1994) used Baumrind's 'authoritative' parenting typology and looked at the effect of parenting on three indices of psychosocial development; social competence, work orientation and self reliance. The previous work by Steinberg and colleagues (Lamborn et al. 1991) had found that adolescents aged 14-18 were better adjusted if they were raised by 'authoritative' parents, at a disadvantage if raised in a 'neglectful' home and had mixed outcomes if from an 'authoritarian' or indulgent ('permissive') home. The later research was intended as a 1-year follow up, to see if the adjustments observed were maintained over time. Those raised in 'authoritative' homes continued to show

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<sup>7</sup> The high 'can-do' group felt happy and confident about themselves, believed there were exciting opportunities ahead, got on with their school work or set high standards for themselves. The opposite was true for the low 'can-do' group.



high levels of psychosocial adjustment and the authors concluded that once high levels of psychosocial adjustment were reached, they were likely to be maintained by offspring of 'authoritative' parents. Conversely, those adolescents whose self-confidence was dented by living with 'authoritarian' parents, continued to be affected by this and also showed increased internalised distress at the one year follow up. Steinberg has concluded that 'authoritative' parenting sets young people on a 'trajectory that leads toward increasing competence and psychological well-being' (Steinberg, 2000:174).

Gray and Steinberg (1999) disaggregated 'authoritative' parenting into three dimensions. They found that two domains, psychological autonomy granting and parental acceptance-involvement were strongly and positively correlated with psychosocial development and indeed were highly predictive of psychosocial outcomes. The third aspect of 'authoritative' parenting, behaviour control, was not strongly correlated with the outcome indices. However, Herman and colleagues (1997) found that behaviour control was associated with well-being but parental involvement was not. This suggests that different indicators of even specific parenting dimensions are associated with different findings.

In his seminal work on adolescent self image, Rosenberg (1965) reports that parental indifference to a child has far worse consequences for self esteem than punitive parenting and he therefore concludes that some acknowledgement by one's parents is better than no acknowledgement at all. Rutter (1987) has also argued that a good relationship with one parent can compensate for a poor relationship with the other. But what is the outcome for young people if they have two parents who parent differently?

#### **2.4.3.1 Incongruent parenting styles**

It has been reported that about one quarter of families contain parents who exhibit incongruent parenting styles (Magyar Johnson et al. 1991; Fletcher et al. 1999). Fletcher et al. (1999) found that adolescents with incongruent parents, but where one parent was classed as 'authoritative', are better adjusted on psychosocial indices than are adolescents with congruent, but non-'authoritative' parents. On the self-esteem and self-reliance scales, it seems that if adolescents have incongruent parents, an 'authoritative-permissive' pairing is



more beneficial than other pairings. Magyar Johnson et al. (1991) report similar findings. However, other research has suggested that congruence in parenting styles *is* important for well-being. Wagner and colleagues (1996) found that young people with two parents who are 'warm' are less likely to be depressed than are young people who have one 'warm' parent. Johnson and colleagues (1991) used Baumrind's typology of parenting to look at adolescent adjustment and they report that having two 'authoritative' or two 'permissive' parents is associated with fewer adjustment problems than is having one 'authoritative' and one 'permissive' parent. There has been no British research on incongruent parenting styles.

#### **2.4.3.2 Parenting styles and family type**

Although separation and divorce are cited by the Mental Health Foundation as risk factors in the development of young people's mental health problems, they conclude, 'it is family functioning rather than structure that appears to be a better predictor of child [mental health] outcomes' (Mental Health Foundation 1999 :13). Several studies have sought to investigate whether parenting styles are more important for well-being than is family type. Shucksmith and colleagues (1995) found during their work with Scottish adolescents from the Young People's Leisure and Lifestyles project that although lone parent families and stepfamilies are more likely to have 'problem' relationships with teenagers, parenting style is more closely associated with psychological well-being than is family type. They also conclude that although social class is related to well-being, the effects of parenting style occur irrespective of the class position of the family. Katz (2000) also reports that parenting style is more strongly associated with well-being than simply being in a lone parent or stepfamily is.

Using data on Scottish and British 16 year olds, Ely et al. (2000) use two measures of family cohesion, centredness (time spent together) and teen-parent relationships as controlling factors. They were interested in the odds of family type (separated compared with intact) predicting GHQ 'caseness'. They found that being in a separated family is predictive of poor well-being, and this is not affected by family cohesion. It could be that the measures of family cohesion available to Ely and colleagues (2000) are not related to well-being in the same way as the dimensions of 'authoritative' parenting used by Shucksmith and



colleagues. However, it has to be said, that particularly with British data, more work needs to be carried out before it can be said with any confidence that family cohesion and parenting style is more important than is families remaining intact for the well-being of young people.

## ***2.5 Conclusion***

Very few young people in Britain now go straight into employment after leaving school. The choices for young people 'staying on' in further education are vast and cater for those who prefer to follow a vocational as well as those following a more traditional academic route. For some young people however, choices may be constrained by, for example, family resources or academic aptitude.

However, it is difficult to see whether these changes are of benefit to young people. The government drives the increasing emphasis on education and formalised learning but success outside of this learning track is on the whole overlooked. This is perhaps to the detriment of those less able or less willing to 'learn' immediately after leaving school. This is reflected in the unequal rights that young people have when they do enter the labour market, right up to the age of 25.

The transition to adulthood seems to be associated with levels of well-being. Young people differ from adults generally in their well-being status, but more importantly perhaps are the findings about young people's perceptions of support and their mental well-being. It does seem that relationships with peers cause untold distress for young people when they are trying to cope with the other changes that are associated with this period of adolescence and early adulthood and young women are particularly badly affected by their social relationships. Relationships with parents could offer a calming influence during this period of turmoil with peers, though there is little evidence to support this notion. It is especially worrying that young people who are not in education, employment or training (NEET) are particularly likely to have poor well-being as this group tends to be marginalised, or socially excluded, in other ways too, not having access to services and having less money for example. The reports from the Centre for Research on the Wider Benefits of Learning at the Institute of Education are encouraging in terms of the benefits to health of being a student; more work urgently needs doing to assess the benefits for young people.



In the US, Steinberg has led much of the research on 'authoritative' parenting and adolescent well-being in the last 10-15 years and in a lecture to the Society for Adolescent Medicine (Steinberg 2000) he concludes that this form of parenting is always associated with better well-being. Strong words, but in Britain there is less evidence on which to base such conclusions. In particular, there is very little evidence to show that parenting style in adolescence is associated with the well-being of young people later on when they are young adults. There is some suggestion in the literature that parenting is more important for well-being than is being in an intact family but further evidence would strengthen this theory.

So this chapter has started to show the complexity, and the diversity of young people's lives in Britain today. Next, Chapter 3 looks at the literature on diet and in particular the factors associated with young people's eating habits (including the influence of the family on eating habits). The way that diet is related to well-being and the transition to adulthood is an important focus for the analysis presented in later chapters.



## CHAPTER 3

### Diet in Young Adulthood

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There has been growing interest in the relationship that nutrition and eating habits have with health and since the Government published its White Paper 'Saving Lives: Our Healthier Nation (Department of Health 1999) there has been a clearer, more focused attempt to improve health in Britain through dietary change. In Chapter 1, I outlined what the Department of Health considers a healthy diet and in this chapter I look at the available survey data on consumption patterns, specifically for young adults, to evaluate whether this group are likely to be meeting dietary targets. One aim of this thesis is to examine some of the sociological factors that might be associated with diet in young adulthood and the (rather scant) literature that examines social class and own labour market position is considered along with differences in diet by age and gender. The role that young people's families play in their lives is a central theme of this thesis and in this chapter families are examined in relation to their influence on young people's food practices and habits as they move into adulthood. Chapter 3 then considers the issue of young people having a 'social appetite'. It is apparent from the literature that food choices are socially driven and that this is a particularly pertinent factor in young adult's food choices. This section perhaps sheds light on why young people would not want to eat healthily. It is perhaps the case that despite these social narratives some young people do manage to eat healthily and this could be associated with certain aspects of well-being, like self-esteem or social support. Some of the literature on well-being and diet supports this argument although there is insufficient evidence on which to base any firm conclusions.

The aim of Chapter 3 is to discuss some of the diverse literature on diet and food choice. The aim is not to review all of the possible factors thought to be associated with diet but to present the evidence that best serves the objectives of this thesis covered in Chapter 1. I have covered these objectives by balancing the more quantitative literature on diet with research on more



qualitative, social aspects of food choice. The empirical analysis relating to diet is discussed in Chapters 8 and 12.

### *3.1 The food habits of young adults*

Surveys on food consumption differ in terms of data collection methods, sampling frames and units of analysis. A table showing this information can be found in Appendix A3.1 and therefore this information is not described here. All of the surveys reviewed suggest that young people eat foods high in fat, like burgers and kebabs, crisps and chocolate fairly frequently and higher fibre foods, like fruit, vegetables and breakfast cereals infrequently. Young adults are thought to have intakes of nutrients like fat and fibre that are similar to other adults, but it is thought that they consume specific foods in different quantities to older adults (Gregory 1990). It seems that diet in young adulthood perhaps magnifies the least positive aspects of the diets of all adults in Britain.

Data from the 1970 British Cohort Study (Crawley 1993) suggests that meat and meat products contribute significantly to the fat intake of teenagers. Between one quarter and a fifth of total fat intake came from consumption of meat and meat products. Sixteen to 24 year olds in the National Dietary and Nutritional Survey (NDNS) ate more meat pies, burgers and kebabs than the other age groups (Gregory 1990). A similar finding is reported from the National Food Survey (NFS) in 2000 (Department for Environment, Food and Rural Affairs 2001), although young people only ate more meat products than the other age groups outside the home, rather than within the home. It has been noted that among adults generally, consumption of meat products outside the home is decreasing (Department for Environment, Food and Rural Affairs 2001).

Snacking on crisps, confectionery, chips and soft drinks is common amongst young people. In Brannen et al.'s (1994) study of 15-17 year olds (n=843) 25% of girls and 40% of boys were eating high fat snacks at least once a day, and this was usually in addition to, rather than instead of meals. Anderson et al. (1994) report that almost three-quarters of 15-year-old adolescents in the Scottish Twenty-07 sample consumed crisps at least three times a week, with 43% consuming them at least once every day. Sixty eight per cent ate sweets and chocolate at least three times per week and 73% had soft drinks at least three



times per week. Both the NDNS and NFS found that the under 25s consumed more confectionery and soft drinks than older age groups (Gregory 1990; Department for Environment, Food and Rural Affairs 2001). Analysis of the BCS70 data suggests that soft drinks add more to overall sugar consumption for teenagers than for all adults (Crawley 1993). Almost half of the Scottish sample (Anderson et al. 1994) ate chips at least three times a week, and young people aged under 25 in the NDNS and the NFS also ate chips more often than older adults (Gregory 1990; Department for Environment, Food and Rural Affairs 2001). Consumption outside the home of almost all high fat snacks, like crisps, nuts and confectionery decreased in Britain between 1995 and 2000 (Department for Environment, Food and Rural Affairs 2001) but it is likely that young people's consumption does not follow this trend.

The Health Education Authority's Health and Lifestyle Survey (Thompson et al. 1999) suggests that of the 16-24 year age group (n = 922), 62% could be classified as low consumers of fruit and vegetables, that is, they consume fruit and vegetables less than 8 times a week. This compares with the total average of low consumers of 46%. In the NFS the under 25s ate less fruit and fruit products (including juice) both inside and outside the home than other age groups (Department for Environment, Food and Rural Affairs 2001). The NDNS (Gregory 1990) recorded information on specific fruits eaten and the results suggest that young people eat less apples, pears, canned fruit and other fruits but more oranges and bananas than older adults. However, average daily consumption was still less than half of the recommended 400g per day. Consumption of vegetables is declining in Britain generally; consumption is now similar to levels in the mid-1990s (Department for Environment, Food and Rural Affairs 2001).

From the analysis of the NDNS data, Gregory (1990) reports that 16-24 year olds are less likely to consume reduced fat or higher fibre products and more likely to eat 'other' types of breakfast cereal and full fat soft margarine than the other age groups. The NFS suggests that breakfast cereals are consumed in smaller quantities by the under 25s than by other age groups (Department for Environment, Food and Rural Affairs 2001).



Despite the fact that all of the dietary surveys mentioned here use different sampling procedures and methods, they all point to the same conclusion. Young adults seem to consume more 'fast' food that is high in fat - burgers, kebabs and chips as well as more sugary foods, like soft drinks and confectionery than other adults. Food and drink eaten outside the home could be adding significant amounts of fat and energy to the diet of young adults and fruit and vegetables are not eaten in abundance. It seems likely that young adults in Britain are not eating a diet that is in line with current recommendations and this could have major long-term health implications. It is therefore particularly important to explore some of the factors (age, gender, socio-economic status and educational/work activity) that might be associated with diet for the 16-24 year old age group and to assess which young people, if any, are managing to eat a healthier diet.

### ***3.2 Characteristics associated with the food choice of young people***

A dietary survey commissioned by MAFF and published in 1985 is unique amongst large scale surveys in Britain in that its focus was on the dietary habits of 15-25 year olds (Bull 1985). Over 900 (n=913) young people in England and Scotland completed 2-week food diaries, recording in detail the food they ate and the portion size (based on pre-determined categories). During analysis, the data on food consumption was converted into total food eaten (grams per day). Three other studies are discussed here. Sweeting et al. (1994) analysed data from the West of Scotland Twenty-07 study, when the sample were aged eighteen about their diet and information on parental class and own labour market position was also collected. Some caution is needed in suggesting that the diet of young people in Scotland might be similar to that of young adults in England but the work by Sweeting and colleagues is discussed because it explores differences by socio-economic status and labour market position, which few other studies do. The analysis of the BCS70 (Crawley 1993) and the study by Brannen and colleagues (1994) are also considered where appropriate data is available.

#### **3.2.1 The association between age and food choice in young adulthood**

Although Bull (1985) reports no large significant differences by age for consumption of chocolate and confectionery, younger respondents (15-18) did



eat slightly more chocolate than did older respondents. Younger males ate biscuits more often than the other age groups. Consumption of fruit and breakfast cereals decreased with age but vegetable consumption increased with age. With regard to cooking and eating meals, the older age groups (19-21 and 22-25) were more likely to cook each day and more likely to eat a cooked evening meal than the younger, 15-18 age group. The youngest respondents were more likely to eat breakfast and a cooked lunch than were their older peers.

### **3.2.2 Gender and food consumption**

In Bull's study (1985) men ate slightly more chocolate, biscuits, meat and breakfast cereal than did women and they also ate considerably more bread. Men in the Scottish Twenty-07 study (Sweeting et al. 1994) ate more meat, fish, chips, puddings, cereals and biscuits and they were more likely to have full fat milk than were women. Women in Bull's study (Bull 1985) ate fewer vegetables than did men but slightly more fruit whereas Sweeting and others (1994) and also Brannen et al. (1994) report that women ate more vegetables, salad and fruit. Overall, men in Bull's (1985) study consumed more calories per day than did women and they were more likely to eat breakfast, a cooked lunch or cooked evening meals every day than were women. Sweeting and colleagues (1994) and Brannen et al. (1994) also report that women were more likely than were men to frequently skip meals.

### **3.2.3 Socio-economic status and eating habits**

Bull reports (1985) that socio-economic status (SES) showed little association with the foods consumed although those in the higher SES groups were slightly more likely to eat more 'expensive' foods like cakes and biscuits whilst those in the lower SES group were more likely to eat 'cheaper' foods like margarine. There was no difference in the consumption of chocolate/confectionery by SES. Those from non-manual families in the Scottish study (Sweeting et al. 1994) ate more poultry, fish, vegetables, cereals, fruit and used lower fat milk whilst those from parental social class IV and V consumed more manufactured meat products, chips, crisps and carbonated drinks and used full fat milk. The 16 and 17 year olds in the BCS70 were less likely to eat higher fibre breakfast cereals if they were from a lower social class, based on parental occupation (Crawley 1993). Young people in the highest SES groups in Bull's survey (Bull 1985) were



more likely to eat breakfast than were young people in the lowest band although in the Scottish Twenty-07 study (Sweeting et al. 1994) there was no difference in frequency of meals eaten by social class. Brannen et al. (1994) found that there was an association between skipping meals and fathers' economic inactivity (un/non-employment, retirement and sickness) although maternal employment had no effect on number of meals skipped.

### **3.2.4 Education, work and being NEET**

The only research that has addressed whether being in full time work or being unemployed are associated with dietary habits in young adulthood is the West of Scotland Twenty-07 study. Sweeting and colleagues (1994) suggest that young people who are unemployed have similar diets to those from social class IV and V, that is they eat more meat products, chips, crisps and carbonated drinks and use full fat milk compared with young people who are in work or full time education. However, they also report that the unemployed are even less likely to consume potatoes, salad, vegetables and fruit than are those from the lower social groups. Additionally, the young unemployed are considerably less likely to eat lunch than are their peers in education or work.

So men perhaps eat more 'unhealthy' foods than do young women but they skip fewer meals. The limited information available suggests that there might be some association with age within the 15-25 year age group, though the differences are perhaps small. The studies discussed do not show conclusively whether eating habits are associated with socio-economic status or class. Bull reports only slight differences in food consumption whereas Sweeting and colleagues report greater differences with the higher social groups eating healthier foods more frequently. Both Bull and Brannen and colleagues suggest that SES is negatively associated with skipping meals but there was no such difference in the Scottish data. However it has to be remembered that Bull was analysing data on a much broader age group (in the 1980s) than was Sweeting and also the Scottish context may not be comparable to the background of young people in England. Only Sweeting and colleagues have looked at a young person's own labour market position and they suggest that being unemployed is associated with a poorer diet, though again, this may not translate into the English context.



In Chapter 2 I discussed the role that young people's parents play during the transition to adulthood so now I look at the literature that analyses whether family life is associated with food choice for young adults.

### *3.3 Family factors: the effect on food choice*

Hertzler and Vaughan's (1979) review of research that looks at the relationships between family functioning and nutrition is over twenty years old. In it, they conclude that the family must be explored in its entirety, and in context in order to understand how nutrition education can best be targeted. Yet the idea of investigating how whole families affect the food choice of individuals within it, is still a relatively undeveloped area, particularly in Britain.

Some analysts have suggested that an element of familial concordance in dietary intakes is actually genetic in origin, although the evidence to support this argument is inconclusive (Perusse et al. 1988; Stafleu et al. 1994; Vauthier et al. 1996). Rozin (1989) has suggested that it is the shared cultural environment within families, not genetics that explains concordance between intakes. It is perhaps more pertinent therefore to examine whether experiences of family life during childhood imprint onto later behaviour in a somewhat less tangible way, than actually causing food intakes to become similar although research in this area is limited. There has been little research in Britain concerned explicitly with examining how families and food are interrelated<sup>1</sup>. The classic study by Charles and Kerr (1988) in the 1980s included interviews with 200 women in the north of England and the findings suggested that food, and providing meals is very much a female affair. The women reported that their 'role' was to provide meals for the family and that the kitchen was very much their private domain. Charles and Kerr conclude that 'food practices help to maintain and reinforce a coherent ideology of the family' (Charles and Kerr 1988: 17). These findings may not translate to a wider British context, or may be peculiar to the time the study was conducted but they do give a suggestion that food plays a central social role in families.

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<sup>1</sup> Though Mary Douglas (1975) has written extensively about the symbolism of the family meal



### **3.3.1 Family food practices**

Most other studies (predominantly from outside Britain) look at more specific food practices or elements of family life. Devine et al. (1998) used a life course approach to investigate whether past events and experiences influence current fruit and vegetable habits in the USA. Early experience of fruit and vegetables and the way these foods were introduced in the family (food upbringing) were important in current patterns. Respondents talked about trying foods as a child and how this influenced their current preferences, for example for fresh vegetables, rather than tinned. Negative early experiences with food, for example, being forced to eat vegetables, also affected current patterns. It was also clear that some respondents went against the family norm in later life, despite earlier experiences, for example, one man who only ate tinned vegetables as a child, decided to eat only fresh produce in adulthood. The reason for some individuals sustaining their habits and some forging new patterns is not clear from this qualitative study. Branen and Fletcher (1999) investigated the dietary practices of 18-23 year old North Americans (n=546). They found that current practices such as eating all the food on a plate, eating regular meals and using food as a reward were strongly correlated with these practices being used by parents when the respondents were younger. The authors link ideas of internal (child) and external (parent) control of food with Baumrind's typology of parenting. The results suggest that those who were allowed to decide themselves when they were full as children were parented 'authoritatively' and were subsequently more likely to stop eating when they were full as adults.

### **3.3.2 Family relationships and eating healthily**

Belgian researchers used measures of family adaptability and cohesion when looking at the food choice of 12-20 year olds because these are thought to measure familial dimensions of rules, power and autonomy (de Bourdeaudhuij and Van Oost 1998). The results show that cohesive families, that is those with a strong bond, exhibit the most healthful behaviour. Although not as significant, there was also evidence that families with low levels of adaptability (and therefore more rules and rigid structures) contained adolescents who showed less risk taking behaviour, contrary to what was expected. It seems that families with tighter control over their adolescent children resulted in healthier behaviour,



perhaps because these teenagers have less 'free rein' or opportunity for unhealthy food choices when with their parents, resulting in restraint when alone or with their peers.

These findings regarding family bonding are replicated in the Minnesota Adolescent Health Survey, a large-scale American study (n=36,000). Neumark-Sztainer et al. (1996) looked at the factors that influence the fruit and vegetable intake of 12-20 year olds and found that family connectedness was strongly correlated with intake. Connectedness was measured with items on the adolescents' perceptions of care, understanding and attention within the family. Over 70% of respondents assessed as having low or very low family connectedness reported inadequate fruit intake and the figure rises to almost 90% for vegetable intake. This is contrasted with 19% and 28% respectively for fruit and vegetable intakes for the high family connectedness group. The figures remain high after controlling for socio-economic status and ethnicity. The authors conclude that the results indicate an association between fruit and vegetable intake and family connectedness strong enough to warrant further investigation.

From the limited evidence available, it seems that experiences during childhood of food and family life may influence later eating habits and food practices. Although more research is needed into these links, the family context and experience can not be ignored when exploring food choice.

So far in this Chapter I have discussed some of the socio-demographic and socio-economic factors that might help explain why young people eat a healthy or unhealthy diet and some of the ways that the family might influence food choice. But why might young people 'choose' to eat in a particular way, healthy or otherwise?

### *3.4 A social appetite*

Eating is not just about putting food into our mouths to assuage hunger. If it were, the British population would not balk at eating foods that are unfamiliar in our culture, like deep-fried insects or horsemeat. Social anthropologists like Mary Douglas (1975) have long hypothesised about culturally driven food



structuralism and the way that food and meals have meanings that go beyond the functional. As children grow up, for example, they are socialised into their parent/s' food habits, learning what is and what is not acceptable to eat - some parents might find it acceptable for their children to eat spicy food for example whereas others would not. But these food 'rules' are not static and as children grow older they become more open to the influences of other systems and reference groups, their peers and the media for example and the rules are questioned and redefined. Apart from being dynamic, food rules, or the social patterning of food consumption is thought to form a central part of individual identity (Fischler 1988) and this could be particularly apparent at times of rapid change, like during the transition to adulthood. Identifying with particular food patterns is perhaps one way that young people 'restore order' (Fischler 1988). For example, becoming vegetarian (Caplan 1997) or eating 'junk' food (Chapman and Maclean 1993) could be patterns that young people adopt in order to renegotiate their social appetite so they remain in, or regain control in their lives.

However, by following a particular food pattern young people are in fact not only asserting their individual identity, but they are also placing themselves within another food norm (Warde and Martens 1998). Young people who are vegetarian are identifying with others who are vegetarian for example. So social differentiation through food consumption has two rather polarised roles, to increase individuation and to facilitate group norms. One area in which this is particularly noticeable among young people is the rise in popularity of eating outside the home. Finkelstein asserts that eating out heightens the social meaning of the food eaten but that it is also an opportunity for 'self-presentation' (Finkelstein 1989: 3). Young people who gather at fast food restaurants rather than eat at home are both asserting their desire to escape parental control (Lupton 1996) but at the same time they are identifying with other young people who eat at these restaurants, strengthening their peer group identity (Warde and Martens 1998).

Some young people have to balance their need for more autonomy (through eating 'junk' with their friends) with their desire to be or to remain 'slim' (Chapman and Maclean 1993) which perhaps is an added pressure during a



time of life course change. It is possibly no coincidence that the incidence of eating disorders and concern about body image is thought to be greater during adolescence and young adulthood than during later phases of life (Rutter and Smith 1995). Eating disorders could be the ultimate way to assert one's self-identity and to regain control during a period of chaos (Giddens 1991).

These social discourses surrounding food suggest that young people may not choose to eat a 'healthy' diet, i.e. one that is low in fat and high in fibre because this might contravene their particular appetite narrative. That said, many young people who want to be slimmer consider that they eat 'healthily' in order to achieve this (Goode et al. 1996). There is some evidence that young people who are trying to lose weight may eat more fruit and less high fat snacks (see review by (Hill 2002)). But the fact that they are also more likely to regularly skip meals and take extreme measures to control their calorie intake (Bull 1985; Hill 2002) means that it is unlikely that they would meet most of the Department of Health's guidelines on eating healthily. However, some young people do eat healthily, so what factors might facilitate this? I discussed in Chapter 1 that one important aim of this research is to assess whether eating habits are associated with levels of well-being in young adulthood and so this chapter finishes with discussion of the literature on this topic.

### *3.5 Well-being and food choice*

The idea that well-being is associated with food choice has been researched over the last twenty years but no firm conclusions have yet been drawn. Most studies seek to relate dimensions of mental well-being with diet, self-esteem and self-efficacy for example and few studies concentrate on young people aged 16-24. In Chapter 2 I discussed the importance of perceived social support for young people going through the transition to adulthood therefore this is perhaps a particularly salient area for research. The analysis of the Health Survey for England by Cooper and colleagues (1999) is a rare example of work that looks at social (and some general) aspects of well-being in relation to healthy eating, although the focus of the analysis is not young adults. The analysis suggests that having good social support is related to eating a healthier diet. Men and women aged 16-34 had a worse 'healthy diet' score if they had a severe lack of perceived social support compared with their peers with only some lack or no



lack of support. This analysis also suggests that men and women who report that their general health is 'bad' are more likely to have a lower diet score.

### **3.5.1 Self-concept and self-esteem**

Witte et al. (1991) used a range of self-concept variables, which they associated with dietary intake using factor analysis. They found that individuals characterised by traits such as confidence, leadership ability and being talkative were more likely to have an undesirable diet than the individuals with more inward-looking personalities. Individuals eating a more desirable diet tended to be those who led a 'careful' life, both in their own actions and in the care of others. There are no sound conclusions to be made from this evidence however, because the traits do not clearly indicate positive and negative self-concept.

Schafer's 1979 study in the US found clearer evidence that positive self concept was correlated with a nutritionally adequate diet. He proposed that individuals who do not have to spend a lot of time defining themselves (i.e. they already have a positive self-concept) can give more energy to eating an adequate diet. Individuals who devote considerable time to finding out 'who they are' are not able to do this. This hypothesis was supported; the women with better quality diets had a more positive self-concept than those with a more negative sense of self had. Schafer and colleagues (1999) have recently updated the research. The researchers asked whether high self-esteem leads to confidence when choosing a healthy diet and whether thinking highly of one's self leads to actively promoting health through a good diet. These individuals it is purported would also be less open to persuasion to eat less than optimally. Plus, not spending time worrying about what others are thinking of them, would mean having more time to devote to other areas, e.g. being healthful. The authors found that self-esteem was not correlated with servings of fruit and vegetables. The authors conclude that self esteem is not highly predictive of diet. Both of Schafer's studies cited here were carried out on small samples, the older study with young women with children (n=116) and the more recent study with 155 married couples. The foods asked about were also limited.



Adolescents may go through many traumatic and confusing changes in self esteem and self-concept, as their bodies and attitudes change (Newell et al. 1990) and this can make them particularly vulnerable to the effect of choosing a poor diet. Torres and colleagues (1995) found however, that although self-esteem was associated with a range of health behaviours, nutrition and weight were not associated with self-esteem. This is in contrast to the findings of Newell et al. (1990) who report that self esteem is positively correlated with the adequate diet scores of 15 year old girls. When the investigators analysed the scores of girls with deficient diets, they found that low self-identity, family self and self-satisfaction scores were predictive of such a diet. Although a number of measures were used in this American study, only 160 girls within one school were involved overall, and only 40 diet inventories were taken therefore these results may not be reliable.

### **3.5.2 Self-efficacy and locus of control**

Self-concept and self-esteem are quite general concepts, in that they cover a broad view of one's self (AbuSabha and Achterberg 1997). Self-efficacy is a more specific measure of how certain an individual is that they have the ability to achieve certain things, like changing dietary behaviour (Edmundson et al. 1996). Self-efficacy has been found to be higher in female adolescents than males, particularly with regard to diet (Gracey et al. 1996; Milligan et al. 1997). Milligan's study in Australia was carried out as part of a longitudinal survey of 18-year-olds. However, the attrition rate for this part of the study was high, with non-responders known to have higher BMIs<sup>2</sup> than those teenagers taking part so bias can not be ruled out. Adolescents eating a 'healthy' diet were found to have higher self-efficacy scores than adolescents with lower scores, with girls reporting higher self-efficacy than boys (Gracey et al. 1996). In a small Dutch study of fruit and vegetable consumption (Brug et al. 1995), self-efficacy was examined in conjunction with attitudes and social influences. Self-efficacy and attitudes were important in explaining consumption of vegetables, salads and fruit.

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<sup>2</sup> i.e. their weight was too high in relation to their height



Steptoe et al. (1994) tried to identify whether a 'locus of control' model<sup>3</sup> could explain scores on a healthy lifestyle index, which included questions about eating breakfast, snacking and eating red meat as indicators of a healthy/unhealthy diet. Only a 'chance' locus of control was related to the lifestyle index; those who thought health was down to luck were more likely to eat unhealthily. There were no other associations between locus of control and eating healthily or unhealthily. Bennett et al. (1994) report that associations between locus of control and diet are weak and Gracey (1996) also reports that locus of control is not as predictive of diet as is self-efficacy.

Despite the confounding evidence on self-efficacy and locus of control, AbuSabha and Achterberg (1997) conclude from their review that these concepts are more important in explaining nutrition behaviour than is self-esteem. Self-esteem, they maintain, is too specific to have a direct influence on nutrition, although they suggest that it may have an indirect effect.

It appears from the evidence presented here that self-esteem and locus of control may not influence diet, but self-efficacy perhaps does. Social support and self-reported general health are also perhaps associated with diet. However, the difference in methods, sample size, sample populations and measures of well-being mean that no firm conclusions can be drawn. Further work, with more clearly defined measures of well-being needs to be carried out before it can be determined whether these factors are associated with food choice, particularly for young people. It should also be re-iterated here that well-being could be the outcome of eating healthily, and not a factor preceding it. The direction of causality can not be determined, particularly as much of the published research uses data that is cross-sectional in design.

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<sup>3</sup> In the health locus of control (LOC) model, individuals are suggested as having one of three beliefs; an internal LOC means that health is thought to be under one's own control; a person with an external LOC tends to place their health in the hands of others, like doctors or parents and a chance LOC is related to people believing that health is a matter of luck



### ***3.6 Conclusion***

Eating healthily is associated with gender but less so with age. It is not clear from the available literature how socio-economic status or class are associated with diet in young adulthood. Although only one study has examined diet in relation to young people's labour market position, this strongly suggests that youth unemployment is related to eating a less healthy diet. Families are undoubtedly important in socialising young people to eat a certain way. From the non-British research considered, it seems that not only do food practices when a child is younger pervade into later life but the type of relationship that young people have with their parents also relates to what foods they eat. If this association is borne out by the empirical data presented later in this thesis then it would seem that parents could be a powerful long-term ally in nutrition education terms.

The literature on social appetite suggests that young people are likely to redefine and question their food norms as they pass through adolescence, often resulting in more 'unhealthy' foods like burgers and crisps being eaten as a way of pushing away family norms and identifying with peer groups. If this idea of food identity is indeed central to young people's food choices then this presents an interesting dichotomy between nutrition targets and social appetite; apart from when young people want to reduce their weight, eating healthy foods could be totally contrary to their desire for autonomy. However as it is thought that poor food habits in earlier life may persist into adulthood and be difficult to change later on it is germane to discover which young people, if any do make healthier food choices.

One factor that could be associated with this is mental well-being. The literature is difficult to evaluate given the different indicators and methods used in the research but it seems that having a positive sense of self-efficacy (i.e. feeling able to change one's diet) is related to making healthier choices. In Chapter 2 I discussed how important perceived social support is for young people when they are moving from adolescence to adulthood, particularly for young women. There is only one study that has analysed social support in relation to healthier eating in Britain and this did not concentrate on young people. However the results



suggest that there is a link between feeling supported and eating more healthily. In Chapter 2 it was suggested that 'authoritative' parenting is related to some dimensions of well-being. Given that in this chapter it is suggested that family relationships and food practices are salient factors for young people's diets, then this strengthens the rationale for investigating how families, food and well-being are related.

These first 3 chapters have provided the rationale and background for the research that forms the remainder of this thesis. Chapters 4-6 now go on to describe in some detail the sources of data that were used to address the research objectives. Chapter 4 discusses the British Household Panel Survey. This longitudinal data set was used to examine young people's family life in adolescence and the relationship with well-being during the transition to adulthood. Chapter 5 describes the other quantitative data set used, the Health Survey for England. This was used to analyse whether young people aged 16-24 were eating healthily during the transition to adulthood and whether this relationship was mediated by levels of well-being. Chapter 6 then describes the qualitative part of the research. As well as discussing the approach taken, I outline the methods used to collect the data. The qualitative data were used to look at family life, well-being and eating habits as young people move from adolescence to adulthood.



## CHAPTER 4

### Quantitative Methodology: The British Household Panel Survey

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In Chapter 1, I described how the research objectives of this thesis would be met by combining the analysis of quantitative and qualitative data. In this chapter and Chapter 5, I discuss the two quantitative sources of data that were used in the analyses, the British Household Panel Survey (BHPS) and the Health Survey for England (HSFE). The qualitative part of the research is then discussed in Chapter 6. The BHPS, a longitudinal data set, was used to analyse family life in adolescence (in 1994) and the relationship with well-being in young adulthood (in 1999) within the context of whether young people were working, in full time education or were NEET (not in education, employment or training).

The British Household Panel Survey (BHPS) was designed to investigate social and economic change in Britain and has been funded from the outset (in 1989) by the Economic and Social Research Council (ESRC). The Institute for Social and Economic Research (ISER) at the University of Essex is responsible for the survey design, data collection and also for depositing the data with the Data Archive for secondary analysis, which is also at the University of Essex<sup>1</sup>. More information about the BHPS can be found in the Survey's User Manual (Taylor et al. 1998), from which the information in this section is drawn.

In this chapter, I describe the sampling procedure of the BHPS and the overall survey design before outlining the procedures used specifically in the youth part of the BHPS and how many young people were in the sampling frame. The BHPS is a complex and longitudinal data set and therefore some attention is given to the use of weights and why I decided to use unweighted data in the analysis. This chapter then continues with a detailed discussion of the independent and dependent variables that I used and how these were developed from the original survey questions for use in the analysis. This includes discussion of the well-being variables and also the data on family life and how I used this to develop an indicator of parenting style. Finally in this chapter I

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<sup>1</sup> This is where I obtained the BHPS data and user guides from



describe the statistical techniques used in the quantitative bivariate and multivariate analyses.

#### *4.1 Sample eligibility*

The BHPS is an annual survey, and follow-up has been based on the responding households contacted at wave 1 in 1991<sup>2</sup>. These Original Sample Members (OSMs) are re-contacted each year, along with any individuals that have either moved into a household with an OSM, or individuals living in a household into which an OSM has moved. These individuals become Temporary Sample Members (TSMs) and are interviewed annually for as long as they live with an OSM<sup>3</sup>. Children of, or born to an OSM automatically become sample members themselves, and until 1994, were interviewed once they reached the age of 16. From 1994 onwards, 11-15 year old children of OSMs have also been interviewed annually until they reach the age of 16, when they are interviewed as part of the adult survey. I analysed data from the 1994 youth survey, and the data on the same young people who were interviewed as adults in the most recent round of data available, 1999. More details are in Sections 4.4 and 4.5.

#### *4.2 Survey design and survey instruments*

Each part of the survey contains a core, rotating core and variable core of questions. The survey always contains a core component, administered each year so that social and economic changes can be consistently monitored. Some topics are only included every 2-3 years, where change is only expected periodically, for example questions on newspaper readership and religious affiliation are rotating components of the individual questionnaire. Variable components are included to gain a detailed picture of certain aspects of change, for example lifetime marital status history (wave 2) and local crime activity information (wave 7) have only been asked about once in the survey's history.

The interviewer administers the individual questionnaire, which takes about 40 minutes, to every person eligible in the household. This contains questions on the main survey topics. Subjective and attitudinal questions are included in a

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<sup>2</sup> See Appendix A4.1 for details on how the sample were drawn at wave 1

<sup>3</sup> TSMs become OSMs only if they become a parent of a newborn child, with the OSM.



self-completion questionnaire; it is this instrument that includes questions about well-being.

If eligible individuals are too ill or too busy to complete the full interview, proxy or telephone interviews are carried out where possible<sup>4</sup>.

### ***4.3 The British Youth Panel***

Prior to 1994, children of OSMs were interviewed once they reached age 16 (defined as age 16 on the 1<sup>st</sup> December of the survey year) as part of the adult panel. Since 1994 however, a youth component called the British Youth Panel (BYP) has also been included.

All children of OSMs aged 11-15 are eligible. In 1994, questions were asked about well-being, aspirations, and health with a particular focus on family relationships. The youth questionnaire is administered via personal cassette players with headphones. The adolescents listen to the questions, at their own pace, whilst adults in the household are also being interviewed, and record their answers in a pre-printed booklet. The booklet does not contain the printed questions, to increase confidentiality and privacy.

There were 605 households in 1994 containing eligible youth. Each year, as youth members turn 16, they move over to the adult panel. These are replaced by the 'rising elevens' (Taylor et al. 1998), so the panel has a rotating membership, as illustrated in Table 4.1. For example, group C, who were aged 13 in 1994 (wave 4) 14 in wave 5 and 15 in wave 6 were eligible for the adult survey in waves 7 to 9, when they were aged 16 to 18. The column to the left, 'age 11', shows the new members, groups F to J, joining the BYP each year since its introduction.

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<sup>4</sup> Only young people who completed a full interview face-to-face with the interviewer are included in my analysis



**Table 4.1 BHPS: Illustration of the rotating design of the British Youth Panel, 1994 - 1999**

	Age in 1994					Age in 1999				
	11	12	13	14	15	16	17	18	19	20
Wave 4	A	B	C	D	E					
Wave 5	F	A	B	C	D	E				
Wave 6	G	F	A	B	C	D	E			
Wave 7	H	G	F	A	B	C	D	E		
Wave 8	I	H	G	F	A	B	C	D	E	
Wave 9	J	I	H	G	F	A	B	C	D	E

**4.4 Numbers available for analysis**

The 605 households contained 847 11-15 year olds who were eligible for inclusion in the youth panel at wave 4, in 1994. Ninety-one percent (n=773) of these original youth members were interviewed in the 1994 round. Interview refusal and other non-interview increased with age, with 96% of 12 year olds being interviewed but only 85% of 15 year olds. Full details of response rates in 1994 are in Appendix A4.2.

Of the 773 young people who had been interviewed in 1994, 47 (6%) were subsequently 'lost' before wave 9, mainly due to being untraceable or adamantly refusing to participate prior to wave 9. Of the remaining 726 interviewees who were enumerated in 1999 (Wave 9), 82% (n=593) were interviewed fully. The biggest cause of attrition was due to non-contact and refusal at the household level. See Appendix A4.2 for 1999 response rates.

There were some differences between those interviewed in 1994 and 1999 compared with those only interviewed at the earlier wave (see Table 4.2). Young people who were living in a household in 1994 where no adult was in employment were less likely to take part in both survey years of interest and young people who lived in an owner occupied property were more likely to be included in the 1994 and 1999 surveys. It is possible that these differences introduce bias into the data.



**Table 4.2 BHPS: Differences between those interviewed in 1999, and those not interviewed, based on household details of those interviewed in 1994**

<b>Household situation of youth panel member, 1994</b>	<b>Those interviewed 1994 &amp; 1999 %</b>	<b>Those interviewed 1994 only %</b>
Household with no employed adult	11	15
Owner occupied tenure	73	63

The analysis reported throughout the remainder of this thesis is based solely on the 593 respondents who had a full interview in both 1994, when they were aged 11-15 and 1999, when they were 16-20.

#### ***4.5 Matching of files***

The BHPS is a complex data set because data are available for each individual, at multiple time points, at both the individual and the household level. Therefore, in order to use the data, files and records were matched (if records were solely at the individual or the household level), or, if records were at different levels, the files were distributed or aggregated. The youth records contain only responses to the youth questionnaire therefore household, demographic and parental responses had to be matched in.

#### ***4.6 Characteristics of sample***

The 593 youth panel members lived mainly in England when interviewed in 1994, with only 11% living in Scotland or Wales. Other estimates show that 14% of the population in Great Britain were living in Scotland and Wales in 1994 (OPCS 1996). Just over one quarter of the English sample in the BHPS was living in the South East of England, which is lower than the proportion estimated to be living in the South East generally (44%) (OPCS 1996).

There were slightly more male than female panel members (Table 4.3) with a fairly even split across the age range, which indicates that the age and gender profile of the youth panel is similar to population estimates for adolescents of this age in Britain generally (ONS 2000).



**Table 4.3 BHPS 1994: Age and gender profile of the youth panel members (row %)**

Age	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
11	65	(50)	65	(50)	130	(100)
12	51	(45)	61	(55)	112	(100)
13	57	(52)	52	(48)	109	(100)
14	64	(48)	68	(52)	132	(100)
15	56	(51)	54	(49)	110	(100)
Total	293	(49)	300	(51)	593	(100)

#### ***4.7 Applying weights to the data***

Weights have been produced by ISER at the University of Essex (who are responsible for data collection) for each wave of data. Weights can be applied for either cross-sectional or longitudinal data analysis.

The purpose of using weights is to adjust for the unequal selection probabilities that occur when drawing a stratified sample. Additionally, weights adjust for the bias that is inherent in a panel study because of attrition between waves. In the BHPS, the weights adjust for non-response at the household level and at the individual level.

The cross-sectional weights in the BHPS are intended for use when all respondents from one wave (or all responding members within the youth panel at a given year) are being analysed. In the case of longitudinal analysis, the weights are only appropriate when respondents have given an interview at all waves when they were eligible for an interview. If I apply the wave 9 longitudinal weight then 13% of cases are dropped from any analysis because only respondents who have given an interview at each wave are given a positive, non-zero weight. If I apply the wave 4 cross-sectional weight, which adjusts for those young people in non-responding households as well as those individuals that did not give an interview at that wave, then 9% of cases are dropped.

As the number of young people that I analysed in the BHPS were fairly limited, I decided that keeping all of the eligible 593 panel members was more appropriate than applying weights that were not theoretically applicable anyway. The example shown in Table 4.4 confirms that the gender and age distribution



changes very little if the weight is applied. Using the raw data also made it easier to run models, because they were based on 'whole' numbers, and this helped with interpretation of the findings.

**Table 4.4 BHPS 1994: Age group and gender distribution of unweighted and weighted data**

	Unweighted data (n=593) %	1999 longitudinal weight applied (n=514) %
<b>Age group</b>		
11-12	40.8	40.6
13-15	59.2	59.4
<b>Gender</b>		
Female	49.4	50.9
Male	50.6	49.1

***4.8 Choice of variables and development of indicators***

The complex nature of the BHPS meant that there was a vast range of variables that could be used both at household and at individual level. The next section details the variables that were used in the analysis, and how these were derived where appropriate.

Of interest in this part of the research, was the family life of the youth panel when aged 11-15, in 1994 and their well-being 5 years later, in 1999, when the youth panel members were aged 16-20.

**4.8.1 Well-being in young adulthood and adolescence**

In 1999, when respondents were aged 16-20, emotional, mental, social and general well-being was assessed using the SF36 questionnaire items. There were also further indicators on emotional well-being (satisfaction with life) and social well-being (perceived social support) and these were also used in the analysis. Each of these is now discussed.

**4.8.1.1 Short Form-36 questionnaire (SF36)**

The SF36 was originally developed in the US as a generic measure of health status (Jenkinson et al. 1993). Thirty-six questions assess individual aspects of social, physical, mental and emotional well-being and then the data are reduced down to 8 dimensions.



Table 4.5 BHPS: Selected SF36 dimensions: original questions, coding and scoring algorithms from the adult questionnaire in 1999

SF36 Dimension	Original survey questions	Response categories	Coding	Algorithm for transforming summed questions into dimensions
SF36: mental health	<i>How much time during the past month:</i>			$((MH-5)/25)*100$
	Have you been a very nervous person?	All of the time	1	
	Have you felt so down in the dumps that nothing could cheer you up?	Most of the time	2	
	Have you felt calm and cheerful?	A good bit of the time	3	
	Have you felt downhearted and low?	Some of the time	4	
	Have you been a happy person?	A little of the time	5	
		None of the time	6	
SF36: energy/vitality	<i>How much time during the past month:</i>			$((EV-4)/20)*100$
	Did you feel full of life?	All of the time	1	
	Did you have a lot of energy?	Most of the time	2	
	Did you feel worn out?	A good bit of the time	3	
	Did you feel tired?	Some of the time	4	
		A little of the time	5	
		None of the time	6	
SF36: general health perception	I seem to get ill more easily than other people	Definitely true	1	$((GHP-5)/20)*100$
	I am as healthy as anybody I know	Mostly true	2	
	I expect my health to get worse	Not sure	3	
	My health is excellent	Mostly false	4	
		Definitely false	5	
	In general would you say your health is...	Excellent	1	
		Very good	2	
		Good	3	
		Fair	4	
		Poor	5	



Each dimension is scored continuously, from 0 (poorest health) to 100 (excellent health). The SF36 has been validated in the US (McHorney et al. 1993; McHorney et al. 1994) and in Britain (Jenkinson et al. 1993) as a measure that has good internal reliability between the dimensions and which can detect changes in health.

Initial exploration of all 8 dimensions in the BHPS suggested that most were not from approximate normal distributions. Only mental health, energy/vitality and general health perception were approximately normally distributed. The other SF36 dimensions, physical functioning, physical limitation, emotional limitations, social functioning and pain showed distributions skewed towards the higher scores, suggesting that most young people had good levels of well-being on these dimensions. The analysis proceeded therefore with scores for mental health, energy/vitality and general health perception. The original survey items that make up these 3 dimensions are shown in Table 4.5.

#### **4.8.1.2 Satisfaction with Life**

There were 9 satisfaction with life variables available in the 1999 questionnaire (Table 4.6). These assessed satisfaction with panel members' health, income of their household, their house/flat, amount of leisure time they have, their social life, use of their leisure time, their spouse/partner, their job and their life overall on a 7 point scale with 1 indicating not satisfied at all and 7 indicating completely satisfied<sup>5</sup>.

Exploration of the data showed that a third of panel members did not have a job in 1999 and therefore the statement regarding satisfaction with job was inapplicable to those young people. Similarly, 69% of respondents did not have a spouse or partner and therefore two thirds of cases had missing values on this statement. As the satisfaction with life variables were used in a summed index this would be affected by a large number of missing values, therefore these items were dropped.

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<sup>5</sup> I combined scores of 1-3 and coded them as 3 because of small numbers in these categories



An exploration of the remaining 7 items showed that satisfaction with health, house/flat and social life were slightly skewed towards the higher scores (indicating that respondents were more satisfied with these areas of their life), and therefore I decided not to use these 3 items in the analysis. Scores on the remaining satisfaction items, income, amount of leisure time, use of leisure time and satisfaction with life overall were summed, giving a range of scores from 12-28. The top 50% of cases, with scores of 21-28 were classified as being very satisfied with life (1) and the remaining 50%, who scored 12-20 were classified as being not very satisfied with life (0).

**Table 4.6 BHPS 1999: Satisfaction with life: original survey questions, derived variables and their coding**

Variables	Coding
Please tick the number which you feel best describes how satisfied you are with the following aspects of your current situation:	Ordinal scale from 1=not satisfied at all 7=completely satisfied
Your health Your husband/wife/partner Your job (if in employment) <b>The Income of your household</b> Your house/flat <b>The amount of leisure time you have</b> <b>The way you spend your leisure time</b> Your social life <b>Your life overall</b>	
Satisfaction score (D)	Quasi continuous scale: 12=not satisfied 28=completely satisfied
Satisfied with life (D)	1=satisfied with life 0=not satisfied with life
<b>Bold type = items used in composite index (D) Derived variable</b>	

#### 4.8.1.3 Perceived social support

There were 5 items in the adult questionnaire about perceived social support (Table 4.7). Responses indicated whether the respondent had no-one, one person or more than one person for support. The proportion who said they had more than one person for support was very small, therefore the 5 items were dichotomised so that 1=yes (has support) and 0=no (no support). Over 90% of respondents on each item said that they had someone to turn to for support. This lack of heterogeneity in the data could not be overcome by dropping any of



the 5 items therefore it is possible that the perceived social support indicator did not differentiate between young people with good or poor support. This is discussed when the findings are presented in Chapters 10 and 11. The 5 binary items were summed, with a range of scores produced from 0 (no support) to 5 (full support). The summed measure was then reduced to a binary score whereby respondents scoring highly (a score of 5) were coded as 1 (excellent perceived social support) and the remaining respondents, with less than optimum perceived social support, were coded as 0.

**Table 4.7 BHPS 1999: Perceived social support: original survey questions, derived variables and their coding**

Variables	Coding
Is there anyone...	1=yes 0=no
When you need to talk To help you out in a crisis Who you can totally be yourself with Who you feel really appreciates you as a person To comfort you when you are very upset	
Perceived social support score (D)	Quasi continuous score from 0=no support to 5=full support
Excellent perceived social support (D)	0=Other perceived social support 1=Excellent perceived social support

(D) Derived variables

#### 4.8.1.4 Happiness in adolescence

It is highly likely that well-being in young adulthood is associated with well-being in adolescence therefore some analysis was conducted with the adolescent measure of emotional well-being. The panel members were asked to assess their happiness with their appearance, schoolwork, family, friends and their life overall (Table 4.9). Additionally, they were asked how many days they had felt unhappy (in the last month) and how many nights sleep they had lost worrying (in the last week). Huebner et al (2000) conclude that when assessing children's quality of life it is essential to include specific, not global domains of happiness. Bergman and Scott (2001) found in their analyses of BHPS data however that these variables do not measure one latent dimension of happiness, but in fact measure two separate dimensions - (un)happiness with self (appearance,



schoolwork, family, friends and life overall) and recent (un)happy experiences (days sad, and lost sleep). Exploratory factor analysis did not confirm this<sup>6</sup>. However, I decided to drop the 'days sad' and 'lost sleep' variables to concentrate on 'happiness with self', in order to have a more directly comparable indicator to the satisfaction with life variables included in the adult questionnaire in 1999.

**Table 4.8 BHPS 1994: Happiness in adolescence: Original survey questions, derived variables and their coding**

Variables	Coding
How do you feel about your... <b>Appearance</b> <b>Schoolwork</b> Family Friends <b>Life overall</b>	Ordinal scale: 1=totally happy 7=totally unhappy <sup>\$</sup>
How many days have you been unhappy?	None=1 1-3=2 4-10=3 11 or more=4
How many nights have you spent worrying?	None=0 1-2=1 3-5=2 6-7=3
Happiness score (D)	Quasi continuous score: 3=unhappy 21=happy
Happy? (D)	0=happy 1=unhappy
<b>Bold</b> type = items used in composite index (D) Derived variable	
<sup>\$</sup> each number on the scale was accompanied by a 'smiley' or 'unhappy' face, indicating degrees of (un)happiness	

The remaining variables, happiness with appearance, schoolwork, family, friends and life overall were each scored on a 7-point ordinal scale, with 1 indicating total happiness and 7 indicating total unhappiness (Table 4.8). Most adolescents were happy with their family and friends (81% scored 1 or 2 on each of these items) and these items were dropped from the analysis to concentrate on items where there was more variance in the data. The scores for happiness with appearance, schoolwork and life overall were summed and reverse coded so that 3=totally unhappy and 21=totally happy. This new derived indicator was

<sup>6</sup> Bergman and Scott used confirmatory factor analysis (structural equation modelling) when identifying the underlying constructs



also reduced to a dichotomous variable for analysis purposes, with scores of 3-16 indicating unhappiness (50% of cases) and 17-21 indicating happiness (50% of cases).

#### **4.8.2 Parenting style variables**

Twelve questions in the youth survey in 1994 asked young people about aspects of their relationship with their parent/s (Table 4.9). Some of these variables were used in the bivariate analyses, but in order to assess whether I could use Baumrind's (1968) 4-part parenting typology, the variables were also reduced using Principal Component Analysis (PCA). PCA can help to uncover underlying patterns in an observed set of variables by reducing them to a smaller set of uncorrelated factors (Lewis Beck 1994). Unlike Factor Analysis, PCA does not try to account for the error structure of the variables and therefore it is suitable for variables that are categorically coded. Additionally, no assumptions are made about the distribution of the variables used in the reduction.

The variables were entered into the principal component model using SPSS Version 10.0 (SPSS 1999). Eigenvalues are produced in a principal component solution, which, if they have values over 1.0, indicate that the principal component explains more of the variance in the data than the individual variables do (Lewis Beck 1994). Four factors had eigenvalues greater than 1.0. Four of the 12 variables, 'age you were last smacked', 'who chooses what you eat', 'times had evening meal with family' and 'parents strict on household chores' had communality values of below 0.5 which suggested that they shared less variance with the other variables. The way that these 4 variables loaded onto the 4 factors also suggested that they were adding little to the amount of variance explained by the remaining 8 variables, therefore they were removed from the analysis.



**Table 4.9 BHPS 1994: Family relationships: Original survey questions and coding**

<b>Variable label</b>	<b>Coding</b>
Do your parents ever stop you watching a programme because they think it unsuitable?	1=yes 2=no
Do your parents set limits on the amount of tv you watch?	1=yes 2=no
When you go out, do you tell your parents where you are going?	1=always 2=usually 3=sometimes 4=not usually
In the last month: how many times have you stayed out after 9pm without your parents knowing where you were?	1=never 2=1-2 times 3=3-9 times 4=10 or more times
How old were you when you were last smacked or hit?	
How often do you quarrel with your mother?	1=most days 2=more than once a week 3=less than once a week 4=hardly ever 5=don't have a mother
How often do you quarrel with your father?	1=most days 2=more than once a week 3=less than once a week 4=hardly ever 5=don't have a father
How often do you talk to your mother about things that matter to you?	1=most days 2=more than once a week 3=less than once a week 4=hardly ever 5=don't have a mother
How often do you talk to your father about things that matter to you?	1=most days 2=more than once a week 3=less than once a week 4=hardly ever 5=don't have a father
In the past week how many times have you eaten your evening meal altogether with your family?	1=none 2=1-2 times 3=3-5 times 4=6-7
Who usually chooses what you eat at mealtimes at home?	1=yourself 2=mother 3=father 4=someone else
How strict are your parents about making you do household chores?	1=always strict 2=sometimes strict 3=not strict at all



All of the 8 variables in the final solution had communality values of approximately 0.7 (the closer to 1, the higher the shared variance) and the 4 factors suggested by the model accounted for 73% of the variance in the data. The factors were then rotated, to aid interpretation (Lewis Beck 1994), using a Varimax solution. A Varimax solution was used because there was little correlation between the observed variables that subsequently made up the different factored domains. For example, the variables 'parents set limits on TV' and 'parents stop you watching a programme' had a correlation coefficient of 0.47, but these variables were factored together in the final solution. If these variables made up different factors, suggesting strong correlation between factors then an oblique rotation would have been used. After rotation, the 4 factors still accounted for 73% of the variance. The output for the final 4-factor solution is in Appendix A4.3.

The four latent factors were labelled 'dialogue', 'rule setting', 'autonomy seeking' and 'conflict'. Table 4.10 illustrates which of the original variables made up each of these 4 factors and how much variance each factor accounts for in the data.

**Table 4.10 BHPS 1994: Latent factors suggested by principal component analysis, the amount of variance explained and the original survey questions the factors relate to**

<b>Factor label/ Variance explained after rotation</b>	<b>Items loading highly on each factor</b>
Dialogue (19%)	Talk to mother: things that matter to you? Talk to father: things that matter to you?
Rule setting (18%)	Parents set limits on amount of tv? Parents stop you watching a programme?
Autonomy seeking (18%)	Do you tell parents where you're going? Times out after 9pm (without telling parents)?
Conflict (17%)	How often quarrel with mother? How often quarrel with father?

I used the variables that made up the first two factors, dialogue and rule setting to derive an indicator of the typology of parenting styles (Baumrind 1968). I used the items making up the dialogue factor as proxy indicators of what Baumrind



calls 'warmth or involvement' between a parent and adolescent. Firstly, I summed the manifest items making up the dialogue factor, 'talk with mother' and 'talk with father'. Where an adolescent indicated that they did not have a mother or a father, their dialogue score was computed by multiplying their response about the parent that was present by two<sup>7</sup>. Two young people had no parents and they were not classified by the typology. The 'dialogue with parents' variable had a ordinal range of scores from 2-8. I then collapsed this indicator into two categories, based on a 50/50 ranking of scores, whereby 1=frequent dialogue with parents (scores of 2-5) and 2=infrequent dialogue with parents (scores of 6-8). Next, I summed the two items on 'rule setting', 'parents stop you watching a programme' and 'parents limit amount of television'. The scores on the derived 'TV control' variable ranged from 2-4 and this was collapsed to two categories whereby 1=rules about television (from scores of 2-3) and 2=few rules about television (from the original score of 4). A cross tabulation of the derived 'dialogue with parents' and 'television control' indicators was run and used to label parents (based on the adolescent reports) as one of the 4 parenting types suggested in the research by Baumrind (1968) and Maccoby and Martin (1983), discussed in Chapter 1. This is illustrated in Table 4.11 below. The number of young people represented by each parenting style is discussed in Chapter 7.

**Table 4.11 BHPS 1994: Derivation of family typology variable from rules about television and dialogue questions**

Rules	Dialogue	Label
Yes	Frequent	'Authoritative'
Few	Frequent	'Permissive'
Few	Infrequent	'Neglecting' <sup>1</sup>
Yes	Infrequent	'Authoritarian'

<sup>1</sup> I subsequently labelled this group of parents as 'disengaged' because I felt that the term 'neglecting' was inappropriate when discussing 11-15 year olds. Glendinning (2000) also adopts the term 'disengaged' when describing parents who are not close to their adolescent children and who do not set rules or boundaries.

<sup>7</sup> following the procedure used by Glendinning (2000)



#### **4.8.3 Other variables used in the analysis - 1994 data**

The family context is important in this research and apart from the parenting indicators already described, variables were derived to indicate whether adolescents were living with both natural parents (intact family), with a lone parent, in a step family or in another family type (with grandparents). This variable was called 'family type'.

As a number of the adolescents were living in lone parent families in 1994 (mainly with their mother) it was not appropriate to derive a measure of socio-economic status (SES) based on current occupation, as many of these mothers were not in employment. Therefore a family resources index was derived as a measure of SES, which included household income, car access and housing tenure. This approach was also taken by Sweeting and West (1995) when analysing data on the family life of 15-year-olds in the West of Scotland Twenty-07 study. Household income was first adjusted using the McClements Before Housing Costs Equivalence Scale (McClements 1978), whereby weights were applied which take into account the number of adults and dependent children in the household. Income was then split into quintiles and the quintile scores were reverse coded so that 1=highest income and 5=lowest income. Car access was coded so that 1=access to a car and 2=no access to a car. Most adolescents were living in houses owned by their parent/s and tenure was coded as 1=owner occupier and 2=other tenure as numbers were insufficient to allow separate identification of young people in different types of rented accommodation. The family resources index was derived by summing these 3 variables, producing a score where 3=most resources and 9=fewest resources. This was further reduced to indicate levels of resources, whereby a score of 3-4 was classified as 'most' resources (1), a score of 5-6 as 'medium' resources (2) and a score of 7-9 as 'fewest' resources (3).

#### **4.8.4 Other variables used in the analysis - 1999 data**

A variable was derived to indicate whether the young person was still living in the family home (0=yes 1=no). This was derived from a cross tabulation of the 'relationship to head of household' variable and the 'household type' variable. If



young people were living with other family members, but not with their parent/s, then I coded them as missing on this variable.

As this thesis is concerned with transitions to adulthood it is important to have a measure of 'current position' - whether in the labour market, in education or some other position. Exploring the possible measures indicated the complexity of the lives of contemporary young adults. For example, 49% of the panel were coded as being full time students - but of these, 50% were working as well as studying. I used the same method of classifying current activity as Sweeting and West (1995). The young adults were classified as being in full time tertiary education (further or higher education), in full time employment or on a training scheme, or un- or non-employed (which included the long-term sick and full time family carers as well as the unemployed and those with no other economic activity). This last group was labelled as NEET (not in education, employment or training). Full time activity was given precedence over any part time activities recorded when deriving this variable. Table 4.12 shows how young people who could not easily be categorised as full time students, in full time employment or NEET were coded.

An indicator of socio-economic status was derived, using the same indicators of income, car access and tenure as described in Section 4.9.3 above, but based on the 1999 data. So the panel member's own household income, tenure and car use, were used if they were not living in the parental home in 1999. Whether this is an appropriate measure of young people's socio-economic status is discussed in later chapters.

**Table 4.12 BHPS 1999: Classification of young people aged 16-20 as being in full time education, full time employment or NEET when their current economic activity was incongruent with these categories**

Current economic activity recorded	Working: full time or part time	Derived variable: classification	No. of cases
Employed	Part time job	Employed full time	21
Unemployed	Full time job	Employed full time	3
Unemployed	Part time job	Employed full time	2
Maternity leave	Full time job	Other	3
Full time student	Full time job	Full time student	16
Full time student	Part time job	Full time student	128
'Other'	Full time job	Employed full time	3
'Other'	Part time job	Employed full time	5



#### ***4.9 Statistical methods used in the analyses***

All of the quantitative analyses were conducted using SPSS version 10.0 (SPSS 1999).

##### **4.9.1 Bivariate analyses**

Most of the data analysed from the BHPS is categorically or nominally scaled and therefore these data were tested using a non-parametric test of chi-square ( $\chi^2$ ) (Pagano 1988). Some of the well-being indicators, namely the SF36 variables, were scored on an ordinal scale, which could be approximated as a continuous score and therefore chi-square was an inappropriate test for these measures. The one-way ANOVA (analysis of variance) test was used, to measure whether the mean scores varied by X (where X is the independent variable). Further details about these techniques are in Appendix A4.4.

The significance (up to the 95% level) of the Pearson chi-square and the F-statistic (from the ANOVA) are shown whenever bivariate findings are discussed. However, the appropriate test was also carried out in order to show whether one or more categories were statistically different to the other categories of a variable. If the differences between categories were very large, the significance is not stated; otherwise significance up to the 10% level is shown in brackets where appropriate.

##### **4.9.2 Multivariate analyses**

Multivariate analyses were also performed on the BHPS data, using the logistic regression procedure so that the effect of the independent variables on the dependent variable could be assessed whilst taking into account the effect of the other variables included in the analysis. Logistic regression was used instead of other forms of regression for two reasons. It was important to use a regression method that was suitable for the dependent well-being indicators that I developed in the BHPS; most of these were nominally scaled or had been reduced to a bimodal measure. A requirement of using logistic regression is that all dependent variables are dichotomised (0,1) and therefore this was an appropriate technique to use. Additionally, logistic regression  $\beta$ -coefficients can



be used to produce a set of odds ratios and these are useful when interpreting data<sup>8</sup>.

It is possible that a statistically significant relationship is suggested at conventional levels ( $p < 0.05$ ) but that the relationship between the covariates and the dependent outcome is not very strong (Menard 1995). This is indicated by the  $R^2$  value;  $R^2$  attests the proportion of variance explained by the independent variables when predicting the dependent outcome. However, in the multivariate analyses carried out in the current study, it was not expected that  $R^2$  values would be high because the models are exploratory and are intended as a first step towards confirming which factors are statistically worthy of further investigation.

#### ***4.10 Conclusion***

The British Household Panel Survey was chosen to answer the research objectives pertaining to family life in adolescence and well-being status in young adulthood, within the context of whether young people were in full time education, work or NEET. The longitudinal nature of the BHPS data makes this a suitable data set with which to address these objectives. Using principal component analysis, the family life variables were reduced to a 4-part parenting typology, similar to that used extensively in the US to investigate the associations between parenting and young people's well-being status. Well-being was analysed using indicators of social (perceived social support), emotional (satisfaction with life), mental (SF36 mental health dimension) and physical/general (SF36 general health and energy/vitality dimensions) well-being. Similar indicators are also available in the Health Survey for England (HSFE) and the next chapter discusses this survey in some detail.

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<sup>8</sup> Further details about odds ratios are in Appendix A4.4



## CHAPTER 5

### Quantitative Methodology: The Health Survey for England

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This chapter describes the second of the quantitative data sources that were used in the analysis, the Health Survey for England. The Health Survey for England (HSFE) has been carried out annually since 1991 on behalf of the Department of Health, in response to the Health of the Nation white paper, and to the subsequent green paper, Saving Lives: Our Healthier Nation (Bennett et al. 1995). From 1994 the survey has been the responsibility of the Joint Health Surveys Unit of the Centre for Social Research and the Department of Epidemiology and Public Health at University College London. Further details of the survey can be found in the annual user guides (cf. Bennett et al. 1995; Colhoun and Prescott-Clarke, 1996; Prescott-Clarke et al. 1999). The HSFE was used to analyse young people's eating habits and the relationship with well-being within the context of the transition states of interest in this research; namely whether young people were participating in full time education, whether they were working, were unemployed or economically inactive. The HSFE data were obtained from the Data Archive at the University of Essex.

In this chapter, I outline the sampling procedure and survey design of the HSFE and discuss which data sets were used and how many young people aged 16-24 were in the sample. The rest of the chapter looks at the indicators developed for use in the analysis of eating healthily and well-being. Firstly I discuss how a 'healthy' diet can be measured and detail the indicators developed for each of the surveys analysed. I also discuss the measures of well-being and the indicators of well-being I derived from the variables in the HSFE.

The HSFE was originally designed with the following purposes in mind: -

1. To monitor health trends within a nationally representative sample
2. To estimate the prevalence of specific health conditions and the risk factors associated with these conditions
3. To examine differences between sub-groups of the population



Each year, the survey has a particular focus, which affects the survey instruments but sometimes the sampling procedure too. In the first 4 surveys, to 1994, and also in 1998, the focus was cardiovascular disease. Adults aged 16+ formed the sampling frame until 1994. From 1995, children aged 2-15 have also been included in the sampling frame and the focus from 1995-1996 moved to respiratory conditions, accidents and disability. In three survey years, 1997, 1999 and 2000, the survey focus was a particular population group of interest, namely, young people and children, ethnic minority groups and older people respectively.

### ***5.1 Sampling procedure***

The sample is drawn in each survey year using the Postcode Address File for England. Postcode sectors form the primary sampling units (PSUs) and a random sample is taken from a selected number of the PSUs. From 1995, the minimum age for eligibility was reduced from 16 to 2, so those children living in private households aged 2-15 were also included in the Survey<sup>1</sup>. Approximately 17,000 individuals are contacted in each survey year (although a much smaller sample was contacted prior to 1993).

### ***5.2 Survey design and survey instruments***

The survey each year consists of 2 parts, an interviewer stage and a nurse visit. An interviewer collects household information and also interviews respondents aged 13 and over about the main topics of the survey. Parents are asked for information about respondents aged 2-12, with the child present. Respondents aged 8+ are also asked to complete a self-completion booklet (the content differs according to the age of the respondent and the focus for the survey year, but the young adult and adult booklets contains sections on well-being each year). Proxy information is collected for respondents not able to take part in the interview.

A nurse also visits respondents (if they agree to the visit) and takes information about prescribed medicines and supplements and takes some anthropometric measurements; blood pressure, height, weight, waist, hip and arm

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<sup>1</sup> Where 3 or more children aged 2-15 were living in a household, 2 were chosen randomly.



circumference, plus lung function (when the survey focus is respiratory disease). The nurse also asks to take a sample of blood from those respondents aged 11 and over.

Data on eating habits was collected in 1993, 1994, 1997 and 1998. The questions on eating habits were changed substantially in 1998. In the years prior to 1998, 15-17 questions about food consumption and individual food types were included on the individual questionnaire but in 1998, the Dietary Instrument for Nutrition Education (DINE) questionnaire was used for the first time. The eating habits variables are discussed more fully in Section 5.5.

### *5.3 Survey years chosen for analysis and response rates*

In terms of manageability of data, it was not feasible or even necessary, to analyse all 4 surveys containing data on eating habits. The 1997 questionnaire does not include items on perceived social support (an important dimension of well-being in young adulthood) and lower numbers of adults were sampled that year, because of the focus on children. The analysis therefore proceeded with data from 1993, 1994 and 1998.

In 1993, 1994 and 1998 male and female 16-24 year olds were under-represented in the survey, compared to mid-year population estimates for England in comparable years (cf. Erens and Primatesta 1999). Response rates were lower among 16-24 year olds in comparison to all adults in these years and higher numbers of proxy interviews were carried out with the younger age groups compared to all adults, in 1993 and 1994 (see Table A7 in Appendix A5.1 for further details of response rates). Proxy responses and complete non-response cases were not included in the individual questionnaire data sets in 1994 and 1998 and they were deleted from the 1993 data file before analysis commenced. The data sets therefore comprise just those respondents who were fully responding (interview and nurse visit) or partially responding (interview only). No analysis was carried out on the data gathered by proxy, and no details are known about the non-responding young people. Therefore it is not possible to determine whether these cases differ substantially to those who did take part in the survey, but there is a chance that the data are biased because of these 'missing' cases.



The samples of responding 16-24 year olds in 1993 and 1994 were similar in terms of age and gender profile and because the structure of the survey was similar in both of these years, the data sets were merged. The similarities in the variables of interest in both data sets meant that they could easily be merged into one, and the data dictionary only had to be amended if the value labels or variable labels were different. Frequencies were run of all variables to check for discrepancies and inconsistencies following the merger. A variable was also added so that it was possible to identify the original source year.

The analysis concentrated on 4,217 young people in the 1993/94 data set (2,169 from 1993 and 2,048 from 1994) and 1,881 in the 1998 data set.

#### ***5.4 Characteristics of the sample***

The responding sample were living throughout England when interviewed, split fairly evenly between the then 8 Regional Health Authorities in England. There were more women than there were men in each of the survey years, and young women predominated across most of the age bands shown in Table 5.1, therefore women are over represented in the HSFE (ONS 1999).

**Table 5.1 HSFE 1993/94 & 1998: Age group and gender distribution of 16-24 year olds**

<b>Age group</b>	<b>1993/1994</b>			<b>1998</b>		
	Female n %	Male n %	Total n %	Female n %	Male n %	Total n %
16-18	647 (50)	646 (50)	1293 (100)	356 (52)	330 (48)	686 (100)
19-21	689 (52)	631 (48)	1320 (100)	306 (54)	256 (46)	562 (100)
22-24	870 (54)	734 (46)	1604 (100)	344 (54)	289 (46)	633 (100)
Total	2206 (52)	2011 (48)	4217 (100)	1006 (53)	875 (47)	1881 (100)

The way in which the diet variables and the independent variables of interest have been used and developed is described next.

#### ***5.5 Choice of variables and development of indicators***

Using the HSFE, I am interested in associations between well-being and whether young people eat healthily. The HSFE is a cross-sectional survey and therefore



of course it is not possible to postulate about direction of causality - eating healthily could influence well-being, rather than the other way around.

### **5.5.1 Eating habits: eating healthily**

In Chapter 1, I discussed what foods the Department of Health's Committee for Medical Aspects of Food Policy (COMA) consider would contribute towards a healthy diet. But measuring a 'healthy diet' is not straightforward as there is no standard or validated way of doing this. Therefore I evaluated several methods before deciding which measure to use.

Dietary Reference Values (DRVs) are the widely accepted set of indicators used to assess dietary intake (Department of Health 1991). There have been at least two attempts in Britain to base healthy eating indicators on these national guidelines. The Health Education Authority's Health and Lifestyle Survey (Health Education Authority 1998) uses a tool known as the Dietary Instrument for Nutrition Education (DINE) as a way of classifying respondent's intakes of fat and fibre. The DINE was developed by the Imperial Cancer Research Fund's General Practice Research Group and has been checked and validated against actual food consumption (with a 4 day diet record) (Roe et al. 1994). The DINE consists of 19 groups of foods that together form 70% of the fat and fibre intake in a typical British diet as reported in the National Food Survey (NFS). Data are also collected on the types of fat used for spreading, cooking and baking. Each food type is given a score that is weighted depending on frequency of consumption. Frequency categories are dependent on the food group, with foods eaten more frequently coded by number of portions per day but those eaten less frequently coded weekly. Weights also depend on the fat, saturated fat or fibre content of the food. Scores can then be categorised to indicate a low, medium or high fat or fibre intake. The Health Survey for England adopted the DINE questionnaire for the first time in 1998 (Erens and Primatesta 1999).

Indicators like the DINE rely on sufficient intake and consumption information being available. Other measures of healthy eating are usually based on more limited data. As there is no simple cut-off point for frequency of consumption of specific foods, (for example, is eating processed meat twice a week healthy or unhealthy, compared with once a week?) developing a score based on a limited



number of foods is more problematic. Griffiths et al. (1994) devised a score of good dietary practice using a range of indicators from a food frequency questionnaire and concluded that as a means of identifying those respondents likely to be eating a less than healthy diet, this type of scoring system is an adequate measure.

Dowler and Calvert (1995) used a slightly different system in that they scored foods depending on whether the current official recommendations call for eating more, less or the same amount of a particular food. This method has also been used by the Health Development Agency<sup>2</sup> in analysis of the Health Education Monitoring Survey (Rainford et al. 2000) and with Health Survey for England data (Cooper et al. 1999) although it has not been validated against dietary intake data.

A further way to classify groups by their patterns of food consumption is to reduce the data using Principal Component Analysis. Gregory (1990) used this method to identify dietary components within data from the National Dietary and Nutrition Survey which were labelled to indicate 'types' of diet, for example, 'health conscious' and 'traditional'. This technique has also been used to reduce data from other dietary surveys in Britain (Barker et al. 1990; Prevost et al. 1997). Principal component analysis offers a way of classifying individuals based on variations within the sample thus avoiding discretionary categorisation although it does not overcome the issue of which combination of foods meet the dietary guidelines.

The methods described here have benefits and drawbacks and these are summarised in Table 5.2. One of the most robust methods of classifying diet, using the DINE questionnaire, was possible using the 1998 HSFE data but this dietary tool was not included in the earlier data set. Principal component analysis (PCA) was considered as a way of reducing the 1993/94 data but the limited number of variables available in the survey and the fact that some variables ascertain type of food, whereas others ask for frequency of consumption meant that any interpretation of the principal components would be

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<sup>2</sup> formerly the Health Education Authority



questionable. Therefore, assigning a diet score was considered to be the most appropriate approach for use with the 1993/94 data. Using two different methods of classifying young people as healthy eaters (a diet score and the DINE indicators) also allows some discussion later on in Chapters 8, 12 and 13 about the different findings produced.

**Table 5.2 Summary of methods evaluated to classify a diet as ‘healthy’**

Method	Used by	Benefits	Disadvantages
DINE questionnaire	e.g. Health Education Authority, 1998	Measures individual intakes against Recommended Daily Amounts	Requires extensive information about food types consumed
Healthy diet score	e.g. Dowler & Calvert, 1995	Easy to develop; can be based on relatively little information	Based on arbitrary cut-off score; not full validated
Principal Component Analysis	e.g. Gregory, 1990	Avoids discretionary classification; interpretation improved when more food variables entered into model	Results are specific to the sample used

**5.5.1.1 Derivation of Healthy Diet Score for analysis of 1993/94 data**

The scoring used with the 1993/94 data was based on that used in the Health Education Monitoring Survey (HEMS) (Rainford et al. 2000) as the variables in the HSFE were similar to those in the HEMS (see previous section). However, in the HEMS, 'don't use fat spreads' was scored as +2, indicating that recommendations call strongly for this. It did not seem appropriate to give this item a positive score and ‘don’t fry food’ a neutral score of 0 (see Table 5.3) and therefore ‘don’t use spreads’ was scored as 0, neutral.

Breakfast cereals, table salt, cooking salt and sugar in drinks were not included in the HEMS analysis, therefore these scores were based on those used in the analysis of the Health Survey for England by Cooper et al (1999). Table 5.3 shows all of the original variables and response categories with the scores assigned.



Table 5.3 HSFE 1993/94: Original food variables and the scores assigned to derive a healthy diet score

		Score assigned				
		-2	-1	0	+1	+2
Type of food consumed:						
<u>Bread</u>				No usual, DK	White, soft grain, other	Brown, granary, wholemeal
<u>Breakfast cereal</u>				No usual, don't eat cereal	Other cereals	High fibre cereals
<u>Spread</u>	Butter, hard margarine		Soft margarine, reduced or low fat spread	No usual, DK, don't use spreads		
<u>Fat for cooking</u>	Solid fat		Oil	No usual, other fat, don't fry food, DK		
<u>Milk</u>				No usual, whole milk, other, DK, don't drink milk	Semi-skimmed, skimmed	
<u>Table salt</u>	Generally add		Occasionally add	Rarely/ never add		
<u>Salt in cooking</u>			Adds salt	Adds salt alternative, does not add salt		
<u>Sugar in tea &amp; coffee</u>			Adds sugar	Doesn't add, doesn't drink tea/coffee		
Frequency of eating:						
<u>'Go-easy' Items<sup>a</sup>: Biscuits, sweets, cakes,</u>		More than once a day	Once a day	Less than once a day		
<u>Recommended items<sup>a</sup>: Fruit, vegetables and salad, bread, pulses</u>				Less than once a day	Once a day	More than once a day

<sup>a</sup> each scored separately DK Does not know



After recoding the original responses on each variable with the diet scores, the diet score variable was derived by summing the recoded responses. The scores ranged from –10 to +11 (out of a possible range of –14 to +13). In order to classify scores as healthy or less healthy, the scores were ranked into quintiles and the highest quintile were classified as having a high healthy diet score (high HDS) and the lowest quintile of scores were classified as having a low HDS (Table 5.3).

Although using this method meant that the results were specific to the young people in the 1993/94 HSFE, this seemed a more reasonable solution than arbitrarily assigning more healthy or less healthy labels (Rainford et al. 2000) or defining a positive score as more healthy and a negative score as less healthy (Cooper et al. 1999). Table 5.4 shows the numbers classified by each category of the diet score.

**Table 5.4 HSFE 1993/94: The minimum and maximum healthy diet scores used to allocate young people aged 16-24 to high, medium and low diet score bands**

Healthy diet score band	Minimum Diet Score	Maximum Diet Score	No. (%) of respondents
High healthy diet score	+3	+11	876 (20.8)
Low healthy diet score	-10	-3	868 (20.6)
Medium healthy diet score	-2	+2	2,473 (58.6)
Total			4,217 (100)

*5.5.1.1.1 Treatment of missing values*

There were 243 missing values (5.8%) in the 1993/94 analysis of the healthy diet score initially therefore several solutions were considered to overcome this.

- i. Replace missing values on original variables with 0 score (i.e. treat as neutral score)
- ii. Ignore missing values



- iii. Replace missing values on summed diet score variable with mean diet score of sub-groups. Body Mass Index (BMI)<sup>3</sup> seemed to be correlated with the diet score, more so than other variables like age and gender, therefore imputing a mean diet score based on BMI sub-groups, rather than the overall mean might produce a result closer to the 'true' mean

The results of trying the 3 options are shown in Table 5.5. Although it is impossible to know what the 'true' mean and standard deviation would be if there were no missing values, I felt that using 0 (neutral) scores in place of missing values (option (i)) was the most acceptable method of imputation. Ignoring the non-response was not an appropriate solution because the large number of missing values distorted the results of the analysis. The larger standard deviation (and lower mean) of option (i) meant that the imputed scores had a wider variance than by using a mean score based on BMI (option iii). Therefore, the spread of imputed diet scores was included in the top and bottom quintile of scores, which they would not be with option (iii). As it is the extremes of diet score that are being used in the analysis, this was felt to be important.

**Table 5.5 HSFE 1993/94: Effect of different imputation methods on the mean and standard deviation of the derived healthy diet score**

	(i)	(ii)	(iii)
Valid cases	4217	3974	4217
Missing	0	243	0
Mean diet score	3.05	3.07	3.07
Std. deviation	2.89	2.88	2.80

Key:

Missing values replaced with:

(i) zero score

(ii) missing values ignored

(iii) mean diet score based on BMI sub-groups

#### 5.5.1.2 DINE questionnaire

The only difference between the original DINE instrument described in Section 5.5.1 and that used in the HSFE, was that some food categories were combined. For example, meat and meat products were grouped together (see Table 5.6) as were pasta, rice and potatoes (Erens and Primatesta 1999). A category of

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<sup>3</sup> An indicator of weight in relation to height, calculated by weight in kilograms divided by height in metres, squared.



'rarely/never' was also added (Table 5.7). I used the DINE variables and derived indicators as provided by the survey depositors.

**Table 5.6 HSFE 1998: Original food type variables and coding**

Variable label	Coding
What kind of bread do you usually eat?	1=white 2=brown, granary, wheatmeal 3=wholemeal 4=other 5=no usual type 9=does not eat bread
How many rolls or pieces of bread do you eat each day?	1=less than 1 (piece) a day 2=1-2 a day 3=3-4 a day 4=5+ a day
What type of butter, margarine or spread do you usually use?	1=butter or margarine 2=reduced fat or low fat spread 3=other spread 4=no usual type 5=does not use spread
How many pats or rounded teaspoons of spread do you use each day?	Open coded
What kind of milk do you usually use?	1=whole 2=semi-skimmed 3=skimmed 4=other milk 5=no usual type 6=does not use milk 7=soya/vegetable milk
About how much milk do you yourself use each day?	1=less than a quarter pint 2=about a quarter of a pint 3=about a half a pint 4=one pint or more -1=not applicable
Which type of breakfast cereal do you usually eat?	1=bran cereal 2=oat or wheat cereal 3=bran, oat or wheat cereal not on coding list 4=other cereal 5=no usual type 6=does not eat cereal

As discussed in Section 5.5.1 above, each category of each food variable is recoded to represent a weighted score, depending on the amount of fat/fibre the food contains and the frequency of consumption. The reweighted scores are then summed. The summed scores are categorised into bands, indicating a low (score of less than 30), medium (score of 30-40) or high (score of more than 40)



fat or fibre intake. The categories correspond with COMA's Recommended Daily Amounts (RDA) (Health Education Authority 1998). A classification of low fat is equal to a maximum consumption of 83 g/day and 'high fat' is the equivalent of over 122 g/day, representing 35% and 40% respectively of the RDA for total energy. The RDA for fat is 35% of total energy therefore individuals in the low fat band should be meeting this target.

A low fibre score represents an intake of no more than 20 g/day or less (the national average for dietary fibre). The high fibre category corresponds with an intake of more than 30 g/day, which is the amount of fibre recommended by the National Advisory Committee for Nutrition Education (NACNE) (Roe et al. 1994).

**Table 5.7 HSFE 1998: Original food frequency variables and coding**

Variable label	Coding
About how many times a week do you usually have a bowl of cereal?	1=6 or more times a week
How often do you eat a serving of:	2=3-5 times
Pasta, rice and potatoes	3=1-2 times
Peas, lentils or beans, including baked beans	4=less than once a week
Fruit	5=rarely/never
Vegetables	
Cheese	
Red meat/red meat products	
White meat/white meat products	
Fried food	
Fish	
Chocolate, crisps or biscuits	
Cake	

*5.5.1.2.1 Missing data*

The fat and fibre scores and bands were only derived for adults who were coded by specific categories on the original food variables. Adults who did not eat breakfast cereals or bread did not have a fibre score computed and those young people who did not consume milk or fat spreads did not have a fat score computed. These individuals are simply not included in the derivations for fat and fibre. This is perhaps likely to have excluded the least healthy eaters, at least in terms of fibre, because those who do not eat breakfast cereal or bread are not likely to be consuming large amounts of fibre in their diet. 'Healthier' eaters were not excluded in the same way, 'not frying food' for example was a category in the frying food question that was weighted and included in the fat



score. Fifteen percent of young people aged 16-24 are missing a fat score and 46% are missing a fibre score. As these proportions are so large, I have included these young people in the analyses presented in Chapters 8 and 12 (in a separate category) and discussed any possible bias in the findings where appropriate. This problem with missing data is also discussed further in Chapter 13.

### **5.5.2 Indicators of well-being**

There are indicators of mental (GHQ12), social (perceived social support) and physical (self-reported health) well-being in the HSFE.

#### **5.5.2.1 Mental well-being: General Health Questionnaire (GHQ)**

The General Health Questionnaire (GHQ) is a standardised instrument that is frequently used in a 12 item format to assess psychological well-being though it was originally devised to measure psychological morbidity (Goldberg and Williams 1988). The GHQ12 score consists of 12 bimodal coded questions (see Table 5.8) which ascertain whether individuals have experienced much more, rather more (both score 1), no more difficulty or no difficulty (both score 0) in for example, sleeping compared with the previous few weeks.

The responses are summed, with a possible range from 0 (no evidence of psychological morbidity) to 12 (severe psychological morbidity detected). The GHQ12 summed score is frequently used as a continuous variable for data analysis purposes (cf. Sweeting and West 1995; Ely et al. 2000). However, the purpose of the GHQ is to allocate individuals to 'case' or 'non-case' status. Being classified as a case means that if seen by a psychiatrist, an individual would be likely to receive psychiatric treatment (Goldberg and Williams 1988). Using the score as a continuous variable is changing the purpose of the indicator and therefore a threshold score should be applied.



**Table 5.8 HSFE 1993/94 & 1998: Original and derived GHQ variables and their coding**

Variable description	Coding
Have you recently: Been able to concentrate on whatever you're doing	0=better than/same as usual 1=less/much less than usual
Lost much sleep over worry	0=not at all/same as usual 1=more/much more than usual
Felt you were playing a useful part in things	0=more so/much more than usual 1=less/much less than usual
Felt capable of making decisions about things	0=more so/much more than usual 1=less/much less than usual
Felt constantly under strain	0=not at all/same as usual 1=more/much more than usual
Felt you couldn't overcome your difficulties	0=not at all/same as usual 1=more/much more than usual
Been able to enjoy your normal day-to-day activities	0=more so/much more than usual 1=less/much less than usual
Been able to face up your problems	0=not at all/same as usual 1=more/much more than usual
Been feeling unhappy or depressed	0=not at all/same as usual 1=more/much more than usual
Been losing confidence in yourself	0=not at all/same as usual 1=more/much more than usual
Been thinking of yourself as a worthless person	0=not at all/same as usual 1=more/much more than usual
Been feeling reasonably happy, all things considered	0=more so/much more than usual 1=less/much less than usual
GHQ summed score (D)	0 - 12
GHQ case (D)	0=non-case (score of 0-2) 1=case (score of 3-12)
(D) Derived variables	

There is little literature about the application of a threshold score in a sample of young people from the general population (as opposed to a known psychologically distressed group). In the general adult population it is common for a cut-off of 3/4 (Goldberg and Williams 1988) to be applied with a score of 4+ representing 'caseness'. The only known cut-off used in Britain with a general sample of young people is that applied by Glendinning et al (1992) with data from the Scottish Young People's Survey. They used a cut-off of 2/3, with 0-2 indicating non-case and 3+ indicating 'caseness'. The same cut-off was applied in the current research and therefore a new GHQ variable was derived from the



GHQ score variable, whereby 0 represents ‘non-case’ (a score of 0-2) and 1 represents ‘case’ (scores of 3 or more).

**Table 5.9 HSFE: Original and derived perceived social support variables and their coding**

Variable	Coding
There are people I know, amongst my family and friends:	
Who do things to make me happy	1=not at all true
Who make me feel loved	2=partly true
Who can be relied on, no matter what happens	3=certainly true
Who would see that I would be taken care of if I needed to be	
Who accept me just as I am	
Who make me feel an important part of their lives	
Who give me support and encouragement	
PSS score (D)	Quasi continuous score: 7 - 21
PSS score, grouped (D)	1=no lack of perceived social support (score of 21) 2=some lack (18-20) 3=severe lack (6-17)
(D) Derived variables	

**5.5.2.2 Social well-being: Perceived social support**

The 7 perceived social support variables (Table 5.9) were scored individually on a 3 point Likert scale, with 1 indicating that the item was not true, 2 indicating it was partly true and 3 indicating it was certainly true. Likert scales represent a range of responses but the categories are of equal value (Singleton et al. 1993). The scores were then summed, and grouped to indicate no lack (score of 21), some lack (score of between 18-20) and severe lack of social support (score between 6-17). The score allowed for a maximum of one missing item per respondent. This grouping of perceived social support scores was originally used in the Health and Lifestyles Survey (Blaxter 1990) and I have used the variable as provided by the survey depositors.

**5.5.2.3 Physical well-being: Self-reported general health**

One question in the HSFE asks young people to report the state of their general health (Table 5.10). Very few young people said their health was bad or very



bad and I decided to reduce this question to a dichotomous variable, whereby 1=very good health and 0=other (not very good) health.

**Table 5.10 HSFE: Original and derived self-reported general health question and their coding**

Variable	Coding
How is your health in general, would you say it was...	
Very good	1
Good	2
Fair	3
Bad	4
Very bad	5
General health: grouped (D)	1=very good 0=other
(D) Derived variable	

**5.5.3 Other derived variables**

I derived a variable to indicate young people's current economic activity in the same way as for the BHPS data (see Section 4.8.4). So I coded the respondents as being in full time tertiary education, in full time employment or training, or un-/non-employed (unemployed, long term sick, family carer or other economic inactivity), which I coded as NEET (not in education, employment or training).

I also used an indicator of socio-economic status (SES), based on current household income, car access and household tenure, as I did with the BHPS data (see Section 4.9.4). However, there are several potential problems with this indicator of SES. Firstly, information on income was not collected from households in 1993/94 and therefore an indicator could not be derived from this data set. Secondly, 15% of households in which young people lived in 1998, refused to give or did not know their combined household income. A greater proportion of young people in the HSFE had left home than in the BHPS (because of the age difference in the two surveys) therefore it is debatable whether such a measure of socio-economic status is valid when not based on parental resources. Young people who have left home and who are living in multi-adult households are less likely to know the income of their house-mates, or less likely to want to divulge their income to their co-residents. Young people who have left home are less likely than older adults to live in an owner occupied



property (Rugg 1999), more likely to be represented by a lower quintile of household income and possibly less likely to have access to a car. This is discussed where appropriate in Chapters 8 and 12.

### ***5.6 Statistical methods used in the analysis***

All of the quantitative analyses were conducted using SPSS version 10.0 (SPSS 1999). The methods used for analysing the data were the same as described for the BHPS analysis. The data are described as appropriate and where bivariate analyses are presented, the chi-square or F-statistic are also shown (the test being dependent on the scaling of the data used). The logistic regression procedure was used in the multivariate analyses. Full details of these procedures can be found in Chapter 4, Section 4.9 and in Appendix A4.4.

### ***5.7 Conclusion***

The Health Survey for England was chosen to investigate the research objectives relating to diet (healthy eating) and well-being in young adulthood within the appropriate educational and economic contexts pertinent to 16-24 year olds. Data were collected in the HSFE on large numbers of young adults aged 16-24 and there were questions on eating habits in several survey years. The data on eating were used in two ways. In 1993/94, when the questions were fairly limited on food and frequency and consumption, a healthy diet score was derived so that young people with the healthiest and the least healthy diets can be compared. In 1998, the HSFE contained the DINE questionnaire and the partly validated fat and fibre indicators that are derived from this. Although these are used in the analyses, the large proportion of young people who did not have a fat or fibre score computed means that the least healthy eaters are perhaps missed by using these measures. The implications of this are discussed further where appropriate in Chapters 8, 12 and 13. There are indicators of mental (GHQ12), social (perceived social support) and physical (self-reported general health) well-being in the HSFE which will be used to determine whether well-being is associated with healthy eating.

Chapters 4 and 5 have described in detail the quantitative data used in the empirical part of this research. As stated in Chapter 1, this was complemented by the collection of qualitative data from a group of young people at a college of



further education. This means that in this research I was able to analyse not just the differences between young people from different backgrounds or in different circumstances, but the meaning of family life, well-being and eating healthily. Chapter 6 outlines the approach taken to the qualitative phase of this research.



## CHAPTER 6

### The Qualitative Study

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In Chapter 1, I discussed how qualitative data would complement the quantitative data on young people's lives by giving an opportunity to look at some of the meanings of the pertinent research topics; namely, family life, well-being and eating healthily during the transition to adulthood. In order to maximise the benefit of using both quantitative and qualitative methods a quasi-inductive method was used throughout the qualitative phase of the research. A deductive approach was not considered appropriate because by looking for additional evidence of theories generated during the quantitative phase, any bias, or results not generalisable beyond the respondents in the data sets analysed would be confounded during the qualitative part of the research. An analytic inductive stance (Strauss 1987) allowed themes to come from the new data and theories could be generated regardless of the findings from the quantitative analysis. However, I have said quasi-inductive because the topics discussed in the interviews were based on both the literature and the quantitative data sets and therefore the data was not entirely inducted from the interviewees' narratives<sup>1</sup>.

A biographical life-story approach was taken for the qualitative stage of the research. Such an approach examines the life story of each individual and is an account of his or her interpretation of events and experiences (Denzin 1989). This approach attempts to elicit an individual's 'Gestalt', that is, their interpretation in its entirety, not just the parts of particular interest to the researcher (Hollway and Jefferson 2000). This was appropriate because I wanted to get a picture of each respondent over a fairly contracted period of time, from early adolescence through to when they were 24 and this was unlikely to be achieved with a more structured, less biographical approach.

This chapter outlines the study site and sampling frame that were chosen for the qualitative fieldwork, and then discusses how the instruments which were used when collecting the data were developed. The method itself is discussed and

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<sup>1</sup> The analysis did not use pre-determined categories though; see Section 6.6



then I cover in detail how I analysed the qualitative data, based on a grounded theory approach.

### ***6.1 Choice of study site***

As I outlined in Chapter 1, colleges of further education were deemed to be suitable for sampling a group of young people aged 16-24. Letters were sent to six colleges in North and East London and Essex. These 6 colleges were chosen partly for practical reasons (they were reasonably close to where I live) but also because of the high proportion of 16-24 year olds studying at them. The letters gave an outline of the research and asked if access to students could be granted. The letters were sent out in May 2000. A copy is in Appendix A6.1.

The head of the School of Science and Health studies at South East Essex College telephoned to express her willingness to become involved in the project. She thought that the opportunity for the students to be involved in a 'real' project would be beneficial to their studies. She sent written confirmation of her approval for the college to become the study site in June 2000.

#### **6.1.1 The study site**

South East Essex College (SEEC) is located in Southend-on-Sea, which is 40 miles east of London and the largest town in Essex. Southend is a busy seaside town that has 7 miles of sea and foreshore. Unemployment in Southend-on-Sea, although declining, is higher, at 4.2% than in Essex generally although lower than the rate in England as a whole (Table 6.1). Employment centres around services, particularly services in the financial, business, retail and tourism sectors. Several high street banks have call centres for their credit card services in Southend and these, along with HM Customs and Excise and the local NHS trust are some of the major employers in the area.

The catchment area for students is quite wide, encompassing Castle Point (which includes Canvey Island) to the west and Rochford to the north as well as Southend (see Map in Figure 6.1 below). Students also attend from outer London and other parts of Essex. There are good transport links into and around the town. Seventy per cent of the post-16 age group is still in the education system in this part of Essex and students from the area are likely to

have attended a grant maintained school (21 of the 23 schools are grant maintained) before coming to the college.

**Table 6.1 Labour market summary for Southend, Essex and England, March 2000 to February 2001, not seasonally adjusted**

Aged 16 and over	All 16+ Economically active	In Employ -ment	ILO\$ unemployed	ILO\$ unemployment rate
	(000s)	(000s)	(000s)	(%)
Southend	139	84	80	4.2
Essex	1,039	672	648	3.6
England	39,203	24,867	23,596	5.1

Source: National Statistics (2002)

\$ International Labour Office definition of unemployed used. This includes all those looking for work, irrespective of whether they are claiming benefits

There is a wide choice of post-school courses for 16-18 year olds available at SEEC. These include traditional A-level and vocational A-level (AVCE) courses introduced under the Department of Education and Employment<sup>2</sup> Curriculum 2000<sup>3</sup> initiative. Older students (19+) can also study for Higher National Certificate (HNC) and Higher National Diploma (HND) qualifications or follow foundation courses in preparation for higher education study.

The college works in collaboration with Greenwich, North London, Leicester and Essex universities and also with local business partners. In 1996, after leaving the college, 28% of students went on to higher education, whilst just under one quarter were working.

There are approximately 7,000 students at SEEC, 61% of who study full time. There were only a small number of ethnic minority students enrolled (3%), which reflected the low number in the area generally in 2000/01. There were fewer male students (41%) at the college than female students (59%), and this was

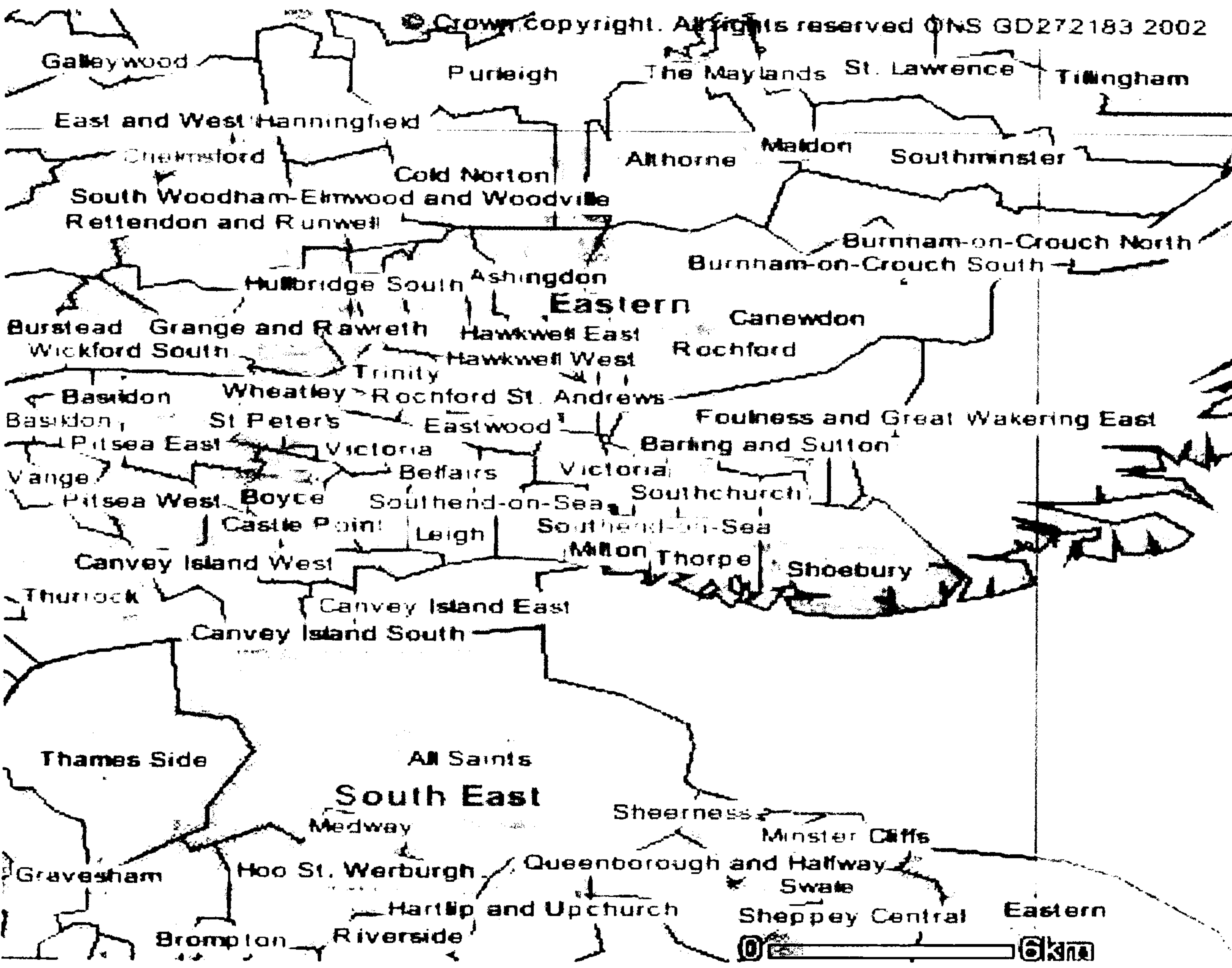
<sup>2</sup> Now the Department for Education and Skills

<sup>3</sup> Which meant that from September 2000, all A level and AVCE students took combinations of subjects that should enable them to move more easily into higher education or prepare them more fully for work



different to the national male/ female ratio in further education (45% / 55%)  
(Further Education Funding Council 1999).

**Figure 6.1 Ward level map of Southend-on-Sea and surrounding areas of South East Essex**  
(area shown ~ 30 miles, east to west)



Source: Crown Copyright 2002

Key: district boundaries represented by red lines/type; wards represented by blue lines/type

About half of the students at SEEC were aged 16-18 which is considerably higher than the proportion of 16-18 year olds in further education generally in England (Table 6.2). This is because the college is the major provider of further education for the 16-18 year age group in the South East Essex area.

**Table 6.2 Distribution of students aged 16+ at South East Essex College and in further education colleges in England, by age group, 1998-99**

Age	SEE College %	FE colleges, England %
16-18 year	49	19
19-24 years	12	17
25+ years	39	64
Total	100	100
Source: College data (as at November 1998) and Further Education Funding Council (1999)		

### 6.1.2 Science and Health Studies team

The Science and Health Studies team is one of 11 teams delivering the curriculum at the college. Learning takes places in large, open plan learning centres, which was an initiative introduced in 1995. The science and health studies students are taught in the Science Centre, which can accommodate several groups of students studying different subjects, at different levels at the same time. There are open plan laboratories and classroom areas as well as a bank of networked computers in the science centre and this is where students spend the majority of their time at the college, both tutor-led contact time and self-study time. The science team offers courses at all levels across the sciences, as well as a variety of health and beauty related subjects. The department was graded 2 (showing good provision in which the strengths clearly outweigh the weaknesses) at the last Further Education Funding Council inspection in 1996-1997 (Further Education Funding Council 1997).

There were 480 students enrolled in the School of Science and Health Studies for the academic year 2000/01. Almost three-quarters (n=328) were aged between 16 and 24 years at the time of enrolment. The students were predominately female, (which was because of the gender biased intake of the health and beauty courses) and mainly enrolled for level one and level two courses (equivalent to National Vocational Qualifications at level 1 and 2)<sup>4</sup> (see Table 6.3). There was also a bias towards the younger end of the age range. This meant that there were very small numbers of older male students in the sampling frame.

<sup>4</sup> Further details of the courses that students were enrolled on can be found in Appendix A6.2



**Table 6.3 South East Essex College: students enrolled on health and science courses by course level and gender by age group on enrolment, 2000/01**

	16-18		19-21		22-24		Total	
	n	%	n	%	n	%	n	%
Level 1 students (%)	178	(81)	23	(10)	19	(9)	220	(100)
Level 2 students (%)	85	(86)	8	(8)	6	(6)	99	(100)
Level 3 students (%)	2	(22)	6	(67)	1	(11)	9	(100)
Total students (age group as % of all students)	265	(81)	37	(11)	26	(8)	328	(100)
Male students	36	(82)	3	(7)	5	(11)	44	(100)
Female students	229	(81)	34	(12)	21	(7)	284	(100)

Source: College data, 2000

By the time the fieldwork began, in February 2001, 47 students aged 16-24 had withdrawn from their course, leaving 281 (86%) in the sampling frame.

**6.2 Methods and instruments**

The data were collected mainly through in-depth, semi-structured interviews. However, it was felt that in order to collect an adequate amount and depth of information from respondents, some effort should be made to provide 'prompts' for the students and for me, as the interviewer. So the starting point was a written memoir that each respondent was asked to provide before the interview. The details given in the memoir were intended to help select students for interview and were also to give me a 'safe' topic to discuss with the respondents who were not immediately at ease talking about themselves during the interview. Additionally, respondents were asked to keep a 1-day food diary, describing what they ate over a 24-hour period, where they were at the time and with whom. Before beginning each interview I also administered a short questionnaire on food types and frequencies. Each of these instruments is discussed in more detail in the following sections.

The topic guide for the interviews was developed according to the literature but the main variables from the two data sets being used in the quantitative phase also helped to inform the key areas for discussion. The topic guide was not intended to provide a script, merely a number of areas that were to be covered, and some ideas for how these areas could be probed to uncover further information. The topic guide is in Appendix 6.3(ix). It included sections on food



habits, structural aspects of family life, young people's own life since school, family relationships and well-being. So the topic guide provided an 'template' but these areas were not always covered in the same way for every respondent, with questions being tailored for each individual. This approach was taken to ensure that each individual was looked at as a 'whole' (Hollway and Jefferson 2000), allowing respondents the time to provide as much detail as they could before I moved on to a different topic.

### **6.2.1 Memoirs and memory-work**

Memoirs can cover a lengthy period of time, or just a particular part of the life course, but for this research, the memoir was based on that developed within the memory-work method (Haug 1987). The method has been used almost exclusively with female respondents, in the areas of sexuality and gender (Haug 1987; Crawford 1992), but it has also been used to explore experiences of tourism (Small 1999) and food choice (Lupton 1994; Wills Unpublished dissertation).

One key concern when using this method is that specific memories should be invoked, not general ones about a topic. For example, if asked to write about childhood birthdays, respondents may tend to write about the best or worst bits of such occasions from the whole period, or a stage, of childhood. If the writers are asked to write about their best birthday, or a teenage birthday or the earliest birthday they remember, then the memory will be more specific. Haug (1987) noted that the triggers provided to write the memories needed to be carefully thought out by researchers, otherwise rather obvious memories may be written, for example, terms such as comfort eating may produce rather stereotyped memories of such occasions, whereas secret foods may produce more revealing memories. For the current research, respondents were requested to write about their 'best childhood birthday'.

### **6.2.2 Food diary and food habits questionnaire**

The diary was developed so that adequate description would be given about a day's food and drink, as this was considered more important than collecting more precise information about intake, for example asking for exact portion sizes. This also meant that completing the diary was less disruptive or



complicated for respondents. A 'comments' column was included on the diary, which proved beneficial because respondents frequently wrote comments that could be picked up on in the interview, for example comments about eating more when with friends, or eating something specific after an argument at home. No student refused to complete a food diary, although 5 students (16%) had not completed a diary prior to the interview and therefore I went through it with them on the day of the interview, asking about the previous day's food and drink. It is possible that these respondents were not as honest about what they had eaten as those who had completed the diary before they met me (see comments from the pilot study in Section 6.3).

The food habits questionnaire was intended to complement the food diary, giving a picture of food habits over a one-week period, compared with 1 day. The questionnaire was written and coded in the same format as that developed in the 1997<sup>5</sup> Health Survey for England (HSFE) therefore allowing for some comparison, for example to see whether each respondent 'fits' as a healthy or less healthy eater, as defined in the HSFE.

### ***6.3 Pilot phase***

Initially, instruments were piloted by asking one 18 year old and one 24 year old known to me personally to complete a screening questionnaire and the memoir form. Following their comments about the memoir instructions being too vague, the form was revised.

A day was subsequently spent at the study site to pilot the letter of introduction, the screening questionnaire and the memoir form on a group similar to the population that would take part in the main study. Students were approached at South East Essex College (SEEC) in the Science Centre and in the refectory. Five science and health studies students and two media studies students agreed to help with the pilot study.

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<sup>5</sup> At the time of the fieldwork I had been using the 1997 HSFE, which is why the questionnaire was based on that year, rather than 1998, which was not available when I was in the field



Each one was asked to read the letter of introduction and complete the screening questionnaire and then give some feedback before reading the letter that I was going to send out with the memoir forms, and to write an actual memoir as instructed on the form. Some of the pilot group said that there should be more information in the letter of introduction about what taking part would involve. This and some other minor comments were used to revise the letters and forms. The memoirs that were provided by the pilot group suggested that the format and wording was suitable for the aims of the project.

When developing the food diary, 4 post-graduate students at the London School of Hygiene and Tropical Medicine were asked to complete a diary of one day's food and drink. Once this had been completed, I met with each of them individually and asked them to recall what they had eaten and drank the day before (not the same day as the diary was completed), and noted this information on a diary sheet. Each student was then asked which method they felt gave a more accurate picture of their food habits. They all said that they were more likely to give accurate information on the diary, because it was written in private, and they could add detail without feeling embarrassed about recalling the information in front of the researcher. Based on these comments, the diary method was used during the main phase of the research.

Two pilot interviews were carried out at SEEC, one with a female student and one with a male student. These were tape-recorded and played back (but not transcribed) in order to add notes to the interview topic guide.

The research protocol, including all of the instruments and letters were approved by the London School of Hygiene and Tropical Medicine's ethics committee before the fieldwork commenced. The committee recommended that I found out about counselling services available so that I could refer any interviewee who became distressed by the interview process. I did gather this information, but it was not required. A copy of all of the instruments used is in Appendix A6.3.

#### ***6.4 Sampling procedure***

Letters were sent to all students who were aged between 16 and 24 who were enrolled in the Science and Health Studies department in February 2001. The



letter was sent out to these students by the college administration (but written by me). The letter was printed on SEEC paper and gave an outline of the research and asked students to volunteer to take part in the study. Respondents were asked to complete a short screening questionnaire, enclosed with the letter, and to give their consent by signing the form and returning it in the FREEPOST envelope enclosed with the letter.

The questions on the screening questionnaire were designed to elicit adequate information on which to purposively choose which respondents to interview. Questions were included that allowed individuals from a range of situations to be selected. The questionnaire asked whom respondents lived with, who brought them up, whether they had any children, their ethnicity, age, sex, and the course they were enrolled on. As the questions were not going to be analysed, but used as selection criteria, attention was paid on the questionnaire to fully explaining what information was required.

Frequent visits were made to the Science Centre to meet students informally and to encourage them to participate in the research. An announcement about the research was also put onto the college's intra-net web page. Replies were received from 32 students. Very few male students or students aged over 18 replied. Therefore a second letter was sent out to encourage participation from these groups and then a third letter was sent informing all students that they would be entered into a draw to win a £40 voucher if they participated in the research.

In total, 40 questionnaires were returned. These 40 students were telephoned and asked to keep a food diary and to write something about their 'best childhood birthday' and these forms were sent out, with FREEPOST envelopes for their reply. The letter sent with these forms asked students, when writing about their 'best childhood birthday' to write down as much as they could. They were asked to consider things like why it was special, who they spent it with and what they ate.

A theoretical sampling procedure was used (Strauss 1987), whereby each new respondent was interviewed on the basis of testing and clarifying what the



previous respondent said during his/her interview until all theories generated had been checked until saturation point. That is, that no new evidence or theories were generated by new interviews. Therefore, the number of respondents chosen for the interviews was not fully determined in advance.

Every effort was made to increase the number of male students available for interview. Classrooms were visited again to speak to students and interviewees were asked to encourage their (male) friends to take part. Despite these attempts, only 6 male students were interviewed. Thirty-one interviews were carried out in total, this being a balance between saturating the themes uncovered and also the number of interviews that were feasible before the end of the summer term<sup>6</sup>. The 'prize' draw for the voucher took place at the college on the last day of the summer term in 2001 and the winning student was subsequently sent an HMV voucher.

### *6.5 Interview procedure*

On receipt of a completed food diary and memoir form, students were asked to suggest an interview date and time when they would have 90 minutes free, to ensure that the interview could be completed in one sitting, with no distractions. All of the interviews were carried out in a small, private room at the college and all students agreed to the interview being tape-recorded. The interviews were conducted between March and June 2001.

The interview started with the completion of the food habits questionnaire. If a food diary had not been returned prior to the interview this was also completed, based on the previous day's food and drink for these respondents, before the food habits questionnaire was filled out. The interview then progressed, starting with topics surrounding the food diary and food questionnaire, to elicit more detail about eating habits. Then the respondents were asked about their family life and well-being. Some key lead-in questions were used, but each conversation developed according to the story being told by the individual. The memoir form about a 'favourite childhood birthday' was used as a prompt if a respondent seemed uncomfortable but this was rarely the case. Interviews

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<sup>6</sup> See Appendix A6.4 for personal characteristics of the interviewees



lasted on average for one hour (ranging from 50 to 90 minutes). Groups of individuals were selected for interview during a particular period in the fieldwork, so for example, all women aged 16-18 were interviewed during one period, then the male respondents, then the women aged 19-24. This was in order to question similar respondents about questions that arose from each interview. It had been intended to use the memoir form to guide selection of interviewees but this proved unhelpful because the forms did not provide adequate information on which to base this decision.

I transcribed each interview tape as soon after the interview had taken place as was practical. Once all of the interviews were transcribed, three tapes were played back and the transcripts checked against them as a means of validating the accuracy of the written transcripts, before analysis proceeded.

Each 15-minute segment of an interview took up to 1 hour to type up and in total the interviews took about 155 hours to transcribe. This yielded between 5000 and 12000 words per interview, which was about 500 pages of data.

### ***6.6 Analysis and interpretation***

Using an analytic-inductive approach during the sampling and data collection phases led to a similar, sometimes called objective approach (Denzin 1989) being taken during the analysis phase. Each case was treated as a totality, and some analysis was carried out after every interview to look for structures and processes pertinent to that individual. Grounded theory analysis requires that no *a priori* categories be used in the analysis (Strauss 1987), so each transcript was initially read and the themes that emerged were noted and expanded upon and then looked for in subsequent transcripts. Memos, which are basically informal notes and ideas, were written throughout the fieldwork and analysis and these were used to constantly check back on earlier ideas and thoughts, to see whether these thoughts were still relevant as the analysis progressed. This technique ensured that no idea was discounted before it was thoroughly checked out.

The interview transcripts were imported into the qualitative analysis software package, QSR N5 (also known as NUD\*IST) (Richards 2000). The software



helped with data manipulation and management and also helped to log themes and theories developed during the in-depth analysis stage.

In order to check that the categories were aiding interpretation of the data, a 4-part coding paradigm was defined for each category (Strauss 1987). So, for example, when defining the coding paradigm for 'skipping meals', the conditions were examined - when it happened, what was the cause of a skipped meal, who else was involved (the actors), how the respondent dealt with skipping a meal (the strategy) and what happened as a result (the consequences). This helped to strengthen the categories that were to remain throughout the analysis phase and also to develop ideas about how the categories fitted together.

When questions arose about for example, the conditions of a category, other transcripts were sampled to look for variation or similarity. This was how the analysis progressed, verifying and changing the coding paradigms by theoretically sampling particular events described in the transcripts, or sampling a 'whole' person to see how this changed the definitions of the categories. The increasingly dense theory was checked until conclusions could be drawn that had universal meanings (Strauss 1987), that is, meanings that went beyond the individual level. To help this process, a summary of each case was written, based on the coding that had already taken place. This gave shape to the overall analysis because similarities and differences between 'types' of respondent could be seen more clearly.

Once the inquiry had got this far, with the analysis firmly grounded in the data, other substantive areas and associations arising from the literature were explicitly looked for amongst the data and categories. This did not change the emphasis that was already emerging.

At this stage of the analysis, a core category was decided upon. In grounded theory analysis it is usual for all categories to revolve around a core theme, or themes (Strauss 1987). In this case, perceived social support seemed central to the theory that emerged. This conclusion was checked, by mapping out various pathways to and from social support. Additionally, further analysis was carried out by case, rather than by theme by using the summaries on each person to



verify that perceived social support was linked to the other categories within the context of individual respondents. This highlighted parts of the broader theory that did not quite fit, and the data were questioned quite considerably in this way. For example, it was only when I carried out the case analysis that I realised the need for categorising each parent by the various dimensions, rather than looking at 'parents' generically as I had in the British Household Panel Survey data. The various pathways to and from perceived social support were sketched out diagrammatically, from a macro, broad perspective down to a finer, micro level, to visualise whether there were any holes in the theory that had emerged.

Conclusions and theories became increasingly objectified because they were situated in context at the individual level, and at the group level. This objectification is at odds with the interpretative approach, which seeks to keep an individual's biography just that, individual (Denzin 1989). But for the purposes of this research, themes had to be categorised and objectified in order to increase understanding substantively.

#### **6.6.1 Thematic categories and coding of data on family life**

Table 6.4 shows all of the categories that I decided were grounded in the data and which were considered adequate to explain the variance in the data<sup>7</sup>. The themes go from a broad level (level 1) to a finer level (level 4) of abstraction. The finer categories were not mutually exclusive; for example young people could be coded as being 'partly distant' with their family as well as being 'fully connected', or having 'lack of self belief' but also 'self acceptance'. This illustrates that it was essential to look at each person holistically as well as carrying out thematic analysis, so that I could conclude overall whether young people were, for example close to their families or had good self-esteem.

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<sup>7</sup> Note that there are no categories relating to transition events; this is because young people spoke about leaving school, going to college and getting a part time job etc *in relation* to the categories shown in Table 6.4



**Table 6.4 Themes grounded in the interview data from broad (level 1) to finer (level 4) levels of abstraction**

Level 1	Level 2	Level 3	Level 4	
Family life	Warmth & connection	Connection	Fully connected	
		Distance	Partly connected Partly distant Fully distant Totally alienated/disengaged	
	Rules & boundaries Autonomy seeking/ granting	Rules 16+ Rules 13-16 Autonomy Conflict	Autonomy 16+ Autonomy 13-16 Conflict 16+ Conflict 13-16	
		Well-being	Physical Social	Support lacking
Supported	Parents/family Peers All/general			
Emotional	Unhappiness Happiness		Attained Future Status quo	
	Mental		Poor self-esteem	Lack self belief Identity frustration Lack confidence
Good self-esteem		Self acceptance Confidence Self belief		
Locus of control		Internal External Chance		
Eating habits		Food identity	Vegetarian Peers Family Moderate eating Est. new routine	Because of weight Positive change Negative change
	Weight control		Taking control Frustration	
	Dietary help		Own children Availability: positive Family: positive	
			Dietary hindrance	Time & effort Availability: negative Affordability Family: negative Emotional appetite



In keeping with the objectives of this research, I wanted to classify whether young people had 'authoritative', 'permissive', 'disengaged' or 'authoritarian' parents during adolescence, when they were at secondary school. In order to do this I used the summary I had written on each young person and assessed whether they had a close relationship with their parents during adolescence overall, but with appropriate autonomy and rules ('authoritative' parent/s) or whether they were close but there was little evidence of rules or boundaries ('permissive' parent/s). If there was no evidence of a close relationship but there were lots of rules set (which often the young person objected to) then these families were coded as 'authoritarian' and if there was no evidence of closeness or that rules were set then they were coded as 'disengaged'. This process was carried out for each parent. Then I grouped together young people who I had coded as having similar parents and re-read their transcripts to check that my conclusions were appropriate.

#### **6.6.2 Analysis of the food diary and eating habits questionnaire**

The food diary was not analysed because it was used purely as an aid to elicit in-depth information about each respondent's eating habits. The eating habits questionnaire, which was based on the Health Survey for England (HSFE) questionnaire, was analysed only after the more qualitative analysis had been carried out. The questionnaire was scored to produce a healthy diet rating, in an identical way to the procedure used with the HSFE data (see Chapter 5, Section 5.5.1.1) whereby the top and bottom scores were taken to indicate the healthiest and least healthy diets). Four individuals had healthy diets and 6 had unhealthy diets when assessed using this rating.

#### ***6.7 Presentation of the qualitative findings***

I always intended that the qualitative and quantitative findings should complement each other, rather than become totally integrated. Quite often the qualitative findings tapped into a totally different aspect of a particular topic than did the quantitative data and therefore these dimensions sit happily side by side in the next six chapters.

Where quotes are extracted and presented from individual interviews, pseudonyms have been given to each interviewee, and also to any other person



to which they refer. Some other details have been changed in order to protect anonymity although this does not detract from the story told. As there were only a small number of young people aged between 19 and 24, I have protected their anonymity by reporting that they are aged 19+, rather than their specific age. I have tried to keep the interview extracts in context, by including the question asked of the interviewee. These questions (or sometimes comments) are preceded by my first name, as it seemed inappropriate to refer to myself as 'interviewer' when in fact I was a part of the story being told. Simply by asking the questions and gently moving the respondents in the direction that I did, I became part of each person's narrative as it was being told at that time.

### ***6.8 Conclusion***

I have discussed in this chapter the qualitative methodology used to collect data from a group of young people aged 16-24 at a college of further education in Essex. This data, collected mainly via interviews and food diaries, was analysed thematically but also holistically, taking each person as a 'whole'. This data helps to address all of the research objectives set out in Chapter 1, on family life in adolescence, well-being and eating healthily during the transition to adulthood. In the next chapter, Chapter 7, I present the findings on family life and the qualitative data provides a different perspective on this to the quantitative data from the BHPS. In Chapter 8 the data are used to analyse young people's food identities and this shows the benefit of using a mixed methods approach because this issue could not be addressed using the HSFE data, which are also presented in Chapter 8. In Chapter 9 I present two mini case-studies based on the lives of two of the young women who I interviewed, to illustrate the different trajectories young people might have after leaving school. The HSFE and BHPS data on young people's transitional events provides more data on who is in education, work or NEET. The next chapter, Chapter 10 analyses young people's well-being, and again, the qualitative data sit comfortably with the quantitative findings from the HSFE and BHPS. Chapter 11 concentrates on the association between family life in adolescence and well-being in young adulthood, based on the qualitative data and the BHPS. Finally from the empirical analyses, Chapter 12 examines whether healthy eating is associated with well-being and this uses data from the interviews and the HSFE.



By bringing together analysis of two large quantitative data sets with findings from the qualitative study the research objectives set out in Chapter 1 were suitably addressed. The next 6 chapters present the empirical analyses and then Chapter 13 discusses some of the more pertinent findings along with further consideration of the methods and data used.



## CHAPTER 7

### Young People's Experiences of Family Life during Adolescence

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In this chapter I describe the family lives of young people in Britain and analyse relationships between family type, parenting style and the socio-demographic characteristics of adolescents and their families. The analysis is based on the British Household Panel Survey youth sample, from the 1994 interviews and this was complemented by qualitative analysis of the interviews with young people at South East Essex College (SEEC). The data referred to are from the period of adolescence when young people were at secondary school.

One aim of the research presented in this thesis is to compare differences in well-being by parenting style and family type during adolescence, that is, whether young people grew up in intact (with both natural parents), step or lone parent families. So the chapter begins by describing how many of the young people in the BHPS were living in these family types in 1994, when they took part in the youth interviews aged 11-15. I also look at the differences in socio-economic status of these family types.

The chapter then examines the pertinent areas of family life suggested by both the literature and the qualitative interview data. Firstly I look at the relationship between young people and their parent/s. I describe young peoples' experiences of spending time with other family members, eating together and talking together for example and also how young people felt they got on with their parent/s and other family members. Then I describe two other closely related aspects of family life during adolescence, rule setting and autonomy. I consider the types of rules that adolescents were expected to adhere to by their parent/s and whether these rules were changed as the young person got older, resulting in more autonomy being granted. There were some differences by gender, age and family type and these are discussed.

Chapter 7 then continues by analysing family life using the 4-part typology of parenting suggested by Baumrind (1968), namely, that parents 'parent' in one of 4 ways; 'authoritatively', 'permissively', by being 'disengaged' or 'authoritarian'. Full details about how the parenting typology was derived were given in Chapter



4, Section 4.8.2 and summarised in this chapter. This section of the chapter is used to analyse how the salient aspects of each parenting style were actually manifested in young peoples' accounts of family life as well as the differences by age, gender and family type. I look at the areas of closeness, rules and autonomy to see if family life was indeed different for young people in 'authoritative', 'permissive', 'disengaged' and 'authoritarian' families.

Chapter 7 basically 'sets the scene' in terms of the family experiences of the young people in the BHPS and those in the qualitative study. The data on family life in adolescence is discussed again in Chapter 11, in relation to young people's well-being after they have left school.

### *7.1 Family type during adolescence*

Three quarters of young people in the BHPS youth panel were living with both birth parents in 1994, in an intact family (Table 7.1). Seventeen percent were living in a lone parent family (all but 1% of respondents were living with a lone mother). This is comparable with the figure reported using data from the 1991/92 General Household Survey (GHS) for the percentage of all families with dependent children headed by a lone parent (Rowlands et al. 1997). Eight percent of the young people in the BHPS in 1994 were living in a stepfamily (all but two were living with their natural mother and stepfather), which is the same percentage reported in the 1995 GHS (ONS 2000). These similarities with other national data suggest that despite the fact that I am only including in the analysis young people in the BHPS who were interviewed in 1994 and 1999, the sample is still comparable with young people in Britain generally, at least in terms of family type.

There was little difference in family type by gender (Table 7.1). Any slight differences that were evident in the data are likely to be accounted for by sampling error. The younger panel members (11-12 years) were more likely to be living in a stepfamily than were their older peers but there was no clear association between age and the other family types (Table 7.1).



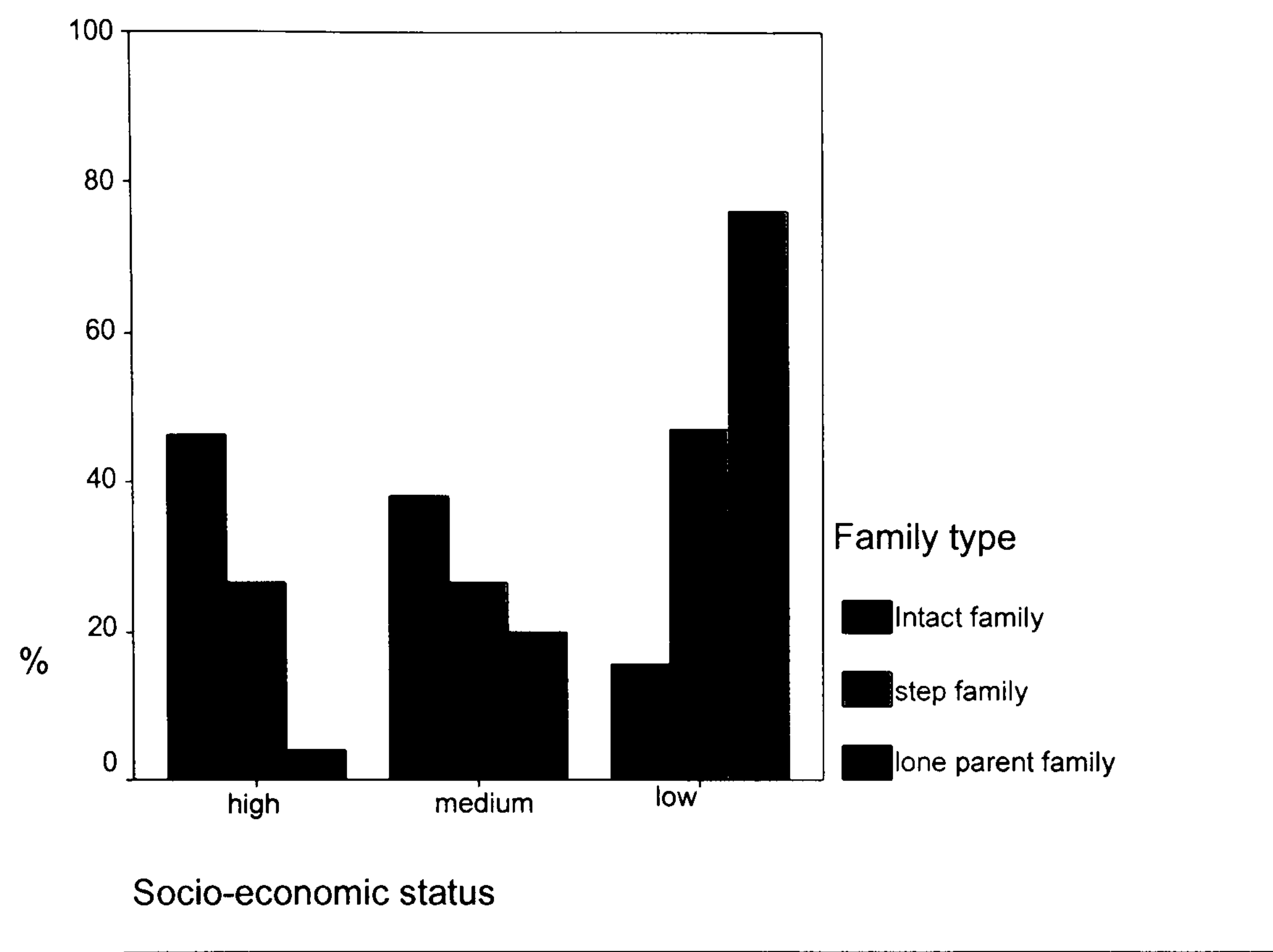
**Table 7.1 BHPS 1994: Distribution of young people aged 11-15 by their family type in 1994, by gender and age (row %)**

	Family type							
	Intact		Step		Lone parent		Total	
	n	%	n	%	n	%	n	%
<b>Gender</b>								
Female	221	(76)	21	(7)	49	(17)	291	(100)
Male	219	(73)	28	(9)	53	(18)	300	(100)
Total	440	(75)	49	(8)	102	(17)	591	(100)
<b>Age</b>								
11	92	(71)	18	(14)	20	(15)	130	(100)
12	85	(76)	12	(11)	15	(13)	112	(100)
13	76	(70)	7	(7)	25	(23)	108	(100)
14	106	(81)	5	(4)	20	(15)	131	(100)
15	81	(74)	7	(6)	22	(20)	110	(100)
Total	440	(75)	49	(8)	102	(17)	591	(100)
Excluded cases: 2 (<1%) cases excluded because of missing data on the family type variable								

There was a strong association between family type and socio-economic status (Figure 7.1). Socio-economic status (SES) was measured with a composite indicator based on equivalised household income, housing tenure and car access (see Chapter 4, Section 4.8.3). Figure 7.0 shows that young people in intact families were more likely to be from a family with a high SES compared with those in step or lone parent families. Forty six percent of intact families had a high SES compared with 27% of stepfamilies and only 4% of lone parent families. Conversely, intact families were considerably less likely to have a low SES.

This chapter now moves on to examine some of the more specific dimensions of family life. Analysing the qualitative interview data collected from young people at SEEC, it seemed that the dimensions of family life in adolescence that young people discussed fell into two to three main areas; closeness between family members, rules and the desire for autonomy. Rules and the desire for autonomy were very closely related. Each of these is now discussed. Additionally, the appropriate data from the BHPS are also presented, in relation to differences by age, gender and family type.

**Figure 7.1 BHPS 1994: Distribution of parent's socio-economic status by family type in adolescence**



**7.2 Closeness and dialogue in families**

Using the qualitative interview data, it was possible to examine whether adolescents were close to all members of their immediate (or even extended) family, or whether connection had been made or maintained just with specific family members.

Some interviewees reported being fully connected to their families during adolescence, and for these young people there was no evidence of emotional or actual 'distance'. These young people enjoyed spending time together as a family; participating in family activities, including regular meals taken together and they exhibited respect for their family as a whole.

Wendy: "what did you talk about?"

Charlotte: "I don't know! Just what was in our lives, we're very close knit, we never really...we might have talked about people in our family, because we have got lots of cousins, and aunties and uncles, and grandad, he was a close part of our family. We didn't really talk about anything else. We weren't really...cultured I suppose. We didn't really know a lot about the world"

[Female, aged 19+]



For the majority of interviewees, warmth and connection was not all-encompassing. Some interviewees were clearly close to particular members of their family, their mother and not their father for example, or their parents, but not their siblings or extended family. This closeness was paralleled by talk of distance - either actual distance, not wanting to eat with the family member that they did not feel close to for example, or emotional distance, not feeling that they could communicate effectively with specific members of the family.

Some young people however reported a distinct lack of warmth or connection with ALL members of their family, which meant, for example, that they never felt part of family conversations or activities in adolescence. This situation was either indicative of poor relationships that had persisted since childhood, but in some cases, relations had deteriorated during adolescence.

Wendy: "so how do you get on with your family?"

Tania: "I used to be a lot closer with my dad, it was like, me and him with my swimming, but now, it's kind of, the brother's come into it, they're so alike and they pick on me all the time, sister's like my mum, mum's like my sister, the way they look, act and everything, and the way she is annoys me some times, they're both, they get excited about things, no matter how loud you talk, you think you're not listening to me, it goes straight through her head and I know you're not listening to me"

[Female, aged 17]

### **7.2.1 Dialogue with parents**

In the BHPS I analysed the two items about frequency of dialogue with parents about things that mattered. In many ways dialogue is perhaps a proxy indicator for closeness in families; the young people interviewed frequently talked about being close to a parent if they could talk to them about 'important' things. The dialogue items in the BHPS were used in the subsequent derivation of the parenting typology as an indicator of 'connection'. Dialogue with parents about things that matter is discussed in terms of its association with age, gender and family type.



Table 7. 2 BHPS 1994: Distribution of young people aged 11-15 by how often they talked to their mother/father about things that mattered by gender, age and family type (row %)

		How often talks about things that matter												
		How often talks to:	Most days		More than once a week		Less than once a week		Hardly ever		Don't have mum/ don't have dad		Total	
			n	%	n	%	n	%	n	%	n	%	n	%
Gender														
Female	Mother		114	(39)	75	(26)	43	(15)	54	(18)	7	(2)	293	(100)
	Father		32	(11)	41	(14)	64	(22)	115	(39)	41	(14)	293	(100)
Male	Mother		78	(26)	72	(24)	65	(22)	80	(27)	5	(2)	300	(100)
	Father		46	(15)	56	(19)	51	(17)	103	(34)	44	(15)	300	(100)
All	Mother		192	(32)	147	(25)	108	(18)	134	(23)	12	(2)	593	(100)**
	Father		78	(13)	97	(16)	115	(19)	218	(37)	85	(14)	593	(100)
Age														
11	Mother		52	(40)	27	(21)	18	(14)	31	(24)	2	(2)	130	(100)
	Father		32	(25)	23	(18)	17	(13)	39	(30)	19	(15)	130	(100)
12	Mother		36	(32)	25	(22)	25	(22)	25	(22)	1	(1)	112	(100)
	Father		12	(11)	18	(16)	27	(24)	39	(35)	16	(14)	112	(100)
13	Mother		30	(28)	31	(28)	18	(17)	26	(24)	3	(4)	109	(100)
	Father		7	(6)	15	(14)	24	(22)	42	(39)	21	(19)	109	(100)
14	Mother		40	(30)	37	(28)	28	(21)	22	(17)	5	(4)	132	(100)
	Father		15	(11)	24	(18)	26	(20)	52	(39)	15	(11)	132	(100)
15	Mother		34	(31)	27	(25)	19	(17)	30	(27)	-		110	(100)
	Father		12	(11)	17	(16)	21	(19)	46	(42)	14	(13)	110	(100)
All	Mother		192	(32)	147	(25)	108	(18)	134	(23)	12	(2)	593	(100)
	Father		78	(13)	97	(16)	115	(19)	218	(37)	85	(14)	593	(100)*
Family type														
Intact	Mother		147	(33)	120	(27)	86	(20)	86	(20)	1	(0)	440	(100)
	Father		65	(15)	84	(19)	108	(25)	179	(41)	4	(1)	440	(100)
Step	Mother		19	(39)	10	(20)	5	(10)	14	(29)	1	(2)	49	(100)
	Father		9	(18)	7	(14)	4	(8)	17	(35)	12	(25)	49	(100)
Lone parent	Mother		26	(26)	17	(17)	17	(17)	34	(33)	8	(8)	102	(100)
	Father		4	(4)	6	(6)	3	(3)	22	(22)	67	(66)	102	(100)
All	Mother		192	(33)	147	(25)	108	(18)	134	(23)	10	(2)	591	(100)***
	Father		78	(13)	97	(16)	115	(20)	218	(37)	83	(14)	591	(100)***

Excluded cases: 3 (<1%) cases excluded because of missing data on the family type variable  
Significance of difference in distribution (Pearson chi-squared statistic):

\*\*Talking to mother by gender:  $\chi^2$  16.59(4), p<0.01

\*Talking to father by age:  $\chi^2$  28.97(16), p<0.05

\*\*\*Talking to mother by family type:  $\chi^2$  44.89(8), p<0.001

\*\*\*Talking to father by family type:  $\chi^2$  300.61(8), p<0.001



Girls report more frequent dialogue with their mother than do boys (Table 7. 2). Girls were more likely than were boys to talk to their mother about things that mattered on most days ( $\chi^2$  6.75(1),  $p < 0.01$ ) whilst boys were more likely than were girls to 'hardly ever' talk to their mother about things that mattered ( $\chi^2$  5.05(1),  $p < 0.05$ ). There was little difference between boys and girls in the frequency that they spoke to their fathers about things that mattered.

Adolescent girls and boys in the BHPS were more likely to talk to their mothers frequently about things that mattered than to their fathers (Table 7. 2). Four out of ten girls and 26% of boys reported talking to their mother about things that matter on 'most days' but only 11% and 15% respectively talked to their fathers about things that matter this often. Over one-third of both sexes hardly ever spoke to their father about things that mattered to them.

There was no clear pattern between age and dialogue with parents although the youngest adolescents (aged 11) were particularly likely to talk to their father on most days about things that mattered compared with young people of all other ages ( $\chi^2$  16.45(1),  $p < 0.001$ ) (Table 7. 2).

There were few differences in frequency of dialogue with either parent about things that mattered by family type although a higher proportion of the adolescent sample from non-intact families in the BHPS 'hardly ever' spoke to their mothers about things that mattered compared with their peers from intact families ( $\chi^2$  6.72(1),  $p < 0.05$ ) (Table 7. 2).

There were no differences between intact families and stepfamilies in terms of dialogue with father about things that mattered. However, young people in stepfamilies could have been making reference to dialogue with their natural father *and* their stepfather and therefore frequency of dialogue about things that matter is perhaps conflated by this lack of differentiation in the survey question. Youth in lone parent families were mainly living with their mothers. Only 10% of these young people talked to their father about things that mattered at least once a week or on most days. This was borne out in the interviews with young people with an absent parent; only a minority communicated regularly with an absent father.



### ***7.3 Rule setting and the desire for autonomy***

In the BHPS two items relating to rule setting were analysed ('do your parents stop you watching a programme' and 'do your parents set limits on the amount of television you watch'). Principal component analysis suggested that two items related to autonomy ('how often do you tell your parents where you are going' and 'in the past month, how many times have you stayed out after 9pm without your parents knowing where you were'). These are discussed in relation to gender, age and family type. When analysing the interview data collected from students at South East Essex College, although young people frequently spoke about the rules that they experienced during adolescence, they usually talked about the rules *in relation* to how they felt about them, and whether the rules, or their parents, stopped them from being as autonomous as they wanted to be. Therefore the qualitative interview findings are all presented under 'desire for autonomy' because separating the findings to include some under 'rule setting' seemed rather arbitrary.

#### **7.3.1 Rule setting**

Six in ten youth in the BHPS said that their parents stopped them watching a programme and 23% said that limits were set on the amount of television that they watched (Table 7.3). There were no gender differences in the television control items; girls were just as likely as boys were to report that their parents limited their television viewing or stopped them watching a programme.

Unsurprisingly, there was a clear association between age and rules about television. Parents were much more likely to set limits on the amount of television that 11 and 12 year olds could watch and they were also more likely to stop these younger youth from watching a programme (Table 7.3).

Table 7.3 BHPS 1994: Distribution of young people aged 11-15 by whether their parents stopped them from watching a television programme or set limits on the amount of television they watched by gender, age and family type (row %)

Parents stop you watching a programme?      Parents set limits on amount of television?									
		Yes		No		Don't own TV		Total	
		n	%	n	%	n	%	n	%
<b>Gender</b>									
Female		179	(61)	112	(38)	1	(0)	292	(100)
Male		175	(58)	123	(41)	2	(1)	300	(100)
All		354	(60)	235	(39)	3	(1)	592	(100)
<b>Age</b>									
11		93	(72)	36	(28)	1	(1)	130	(100)
12		84	(75)	28	(25)			112	(100)
13		70	(64)	38	(35)			109	(100)
14		72	(55)	60	(46)			132	(100)
15		35	(32)	73	(66)	2	(2)	110	(100)
All		354	(60)	235	(39)	3	(1)	592	(100)***
<b>Family type</b>									
Intact		282	(64)	155	(35)	2	(1)	440	(100)
Step		25	(51)	24	(49)			49	(100)
Lone parent		47	(46)	54	(53)	1	(1)	102	(100)
All		354	(60)	233	(39)	3	(1)	591	(100)*

Excluded cases: 1 (<1%) case excluded because of item non-response on the stop watching programme variable; 2 (<1%) cases excluded because of item non-response on the set limits variable; 2 (<1%) cases excluded because of missing data on the family type variable  
Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Stop programme by age:  $\chi^2$  60.66(8), p<0.001    \* Stop programme by family type:  $\chi^2$  13.72(4), p<0.05

\* Limit television by age:  $\chi^2$  24.45(8), p<0.05



There were also some differences in rule setting by family type in the quantitative data (Table 7.3). Young people from non-intact families were less likely to report that their parents stopped them watching a television programme than were their peers from intact families ( $\chi^2$  4.10(1),  $p < 0.05$ ). However there were no significant differences by family type in the proportion that reported their parents limited their television viewing.

So parental rule setting about television viewing was not associated with a child's gender, but it was clearly related to the age of the adolescent and perhaps also to the family type that the young person lived in, in 1994. But what about the young person himself or herself trying to become more autonomous and trying to get the rules changed? It would perhaps be expected that 15 year olds want to do more without parental supervision than do 11 year olds. But autonomy seeking could also be associated with gender and family type. From the qualitative data, it seemed that the issue of seeking and granting autonomy was often the cause of disagreements and conflict in families.

### **7.3.2 The desire for autonomy**

Young people in the qualitative study were particularly likely to argue with their parents during adolescence over their desire for greater autonomy and their parent's unwillingness to grant it. Disagreements were more likely to occur with the increasing age of the child and were more likely to end in unresolved conflict as the young person moved through their teenage years. Young women were considerably more likely to argue over parental rules and autonomy than were young men. Quarrelling, and more specifically, conflict over autonomy, seemed to be more associated with the overall relationship that an adolescent had with their parent/s than whether they were living in a step, lone parent or intact family.

The young men I interviewed were much more accepting than were young women of parental rules in adolescence and this seemed to be associated with girls usually having to fight for greater autonomy as they got older or wanting more autonomy sooner than did their male peers. The young women I interviewed who felt the rules set by their parents were excessive (i.e. prevented them from doing what they wanted) sometimes resorted to lying to get the



freedom they wanted, saying that they had been at a friend's house when in fact they had been to a nightclub for example.

Wendy: "and were they strict?"

Christina: "very. They've always been strict. My mum, not so much as my dad. But my dad is very, very, very strict. Well, when I was 16 and I used to go out, I'd have to be home by 5 o'clock - in the evening, it's a bit bad isn't it! And I wasn't even allowed to walk round the phone box, unless mum or dad came with me cause he thought I was gonna meet up with people. And if I was staying round someone's house, he would go round and talk to the parents face to face, to make sure I was staying there. And if he didn't like some one he wouldn't let me go round there. I used to get away with it, like a couple of months after I turned 16, I used to be like, people he knew, I'd be like I'm staying round their house, then I'd go out [instead], then he found out, and every time he found out, he'd get less and less bothered by it. Then when I hit 17, he was a lot more easy, he was like yeah you can go out, and it's only like the last couple of months that he's let me go to clubs, cause he was like, it's illegal, but he'll let me go and then pick me up"

[Female, aged 17]

Most of the young people I interviewed experienced rules that seemed appropriate for their age during adolescence - going to bed on time in early adolescence and coming home before it got dark and helping with chores around the house in later adolescence for example. Some of the young people in the qualitative study were quite adept at negotiating with their parents during adolescence to get rules relaxed as they moved through their teenage years but quite often parents eased off anyway when young people were at secondary school.

In the BHPS young men were more likely to report greater autonomy than were young women. Forty-one percent of young men always told their parents where they were going compared with 59% of women (Table 7.4). Additionally, more young men stayed out late after 9pm without telling their parents in the last month than did young women (Table 7.5). This is consistent with the qualitative



data; young women did not report being as autonomous as young men. It is perhaps the case that young women simply want greater autonomy than their male counterparts. However, as with all the reports of rules and autonomy, these results could be due to reporting differences. Perhaps young men are more likely to report that they stay out late without telling their parents, and young women might be more inclined to complain that they can not do as they want to.

**Table 7.4 BHPS 1994: Distribution of young people aged 11-15 by how often they tell their parents where they are going by gender, age and family type (row %)**

	How often tell parents where going?						Total	
	Always		Usually		Sometimes/ not usually			
	n	%	n	%	n	%	n	%
<b>Gender</b>								
Female	172	(59)	77	(26)	44	(15)	293	(100)
Male	122	(41)	99	(33)	79	(26)	300	(100)
All	294	(50)	176	(30)	123	(21)	593	(100)***
<b>Age</b>								
11	79	(61)	23	(18)	28	(22)	130	(100)
12	53	(47)	41	(37)	18	(16)	112	(100)
13	50	(55)	24	(22)	25	(23)	109	(100)
14	57	(43)	48	(36)	27	(21)	132	(100)
15	45	(41)	40	(36)	25	(23)	110	(100)
All	294	(50)	176	(30)	123	(21)	593	(100)*
<b>Family type</b>								
Intact	234	(53)	132	(30)	74	(17)	440	(100)
Step	21	(43)	9	(18)	19	(39)	49	(100)
Lone parent	37	(36)	35	(34)	30	(29)	102	(100)
All	292	(49)	176	(30)	123	(21)	591	(100)***

Excluded cases: 2 (<1%) cases excluded because of missing data on the family type variable

Significance of difference in distribution (Pearson chi-squared statistic):

\* Tell parents where going by age:  $\chi^2$  22.40(8),  $p<0.05$

\*\*\* Tell parents where going by gender:  $\chi^2$  21.13(2),  $p<0.001$

\*\*\* Tell parents where going by family type:  $\chi^2$  22.70(4),  $p<0.001$

In the BHPS age was also related to the amount of autonomy that young people reported. Older youth were less likely to tell parents where they were going every time they went out than were younger youth (Table 7.4) and they were also more likely to stay out late without telling their parents where they were (Table 7.5). For example, 61% of 11 year olds always told their parents where

they were going and 85% had not stayed out late at all in the last month, compared with 41% and 55% of 15 year olds respectively.

**Table 7.5 BHPS 1994: Distribution of young people aged 11-15 by the number of times they stayed out after 9pm without telling their parents by gender, age and family type (row %)**

	No. of times out late							
	None		1-2		3+		Total	
	n	%	n	%	n	%	n	%
<b>Gender</b>								
Female	232	(79)	38	(13)	23	(8)	293	(100)
Male	203	(68)	62	(21)	35	(12)	300	(100)
All	435	(73)	100	(17)	58	(10)	593	(100)***
<b>Age</b>								
11	110	(85)	17	(13)	3	(2)	130	(100)
12	94	(84)	11	(10)	7	(6)	112	(100)
13	86	(79)	14	(13)	9	(8)	109	(100)
14	85	(64)	32	(24)	15	(11)	132	(100)
15	60	(55)	26	(24)	24	(22)	110	(100)
All	435	(73)	100	(17)	58	(10)	593	(100)**
<b>Family type</b>								
Intact	336	(76)	67	(15)	37	(8)	440	(100)
Step	34	(69)	9	(18)	6	(12)	49	(100)
Lone parent	63	(62)	24	(24)	15	(15)	102	(100)
All	433	(73)	100	(17)	58	(10)	591	(100)*

Excluded cases: family type variables, 3 (<1%) cases excluded because of missing data  
Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Staying out late by gender:  $\chi^2$  49.60(8),  $p<0.001$

\*\* Staying out late by age:  $\chi^2$  10.10(2),  $p<0.01$

\* Staying out late by family type:  $\chi^2$  9.63(4),  $p<0.05$

Young people in the BHPS from intact families reported less autonomy than did their peers from the other family types, being more likely to always tell their parents where they were going and less likely to stay out late without telling their parents. Only 17% of young people in intact families 'sometimes or usually' told their parents where they were going compared with 39% of young people in stepfamilies and 29% of adolescents in lone parent families ( $\chi^2$  16.09(2),  $p<0.001$ ) (Table 7.4).

Being in a non-intact family compared with an intact family was only partly associated with different experiences of family life during adolescence. Young people in step and lone parent families did have more autonomy than did their peers in intact families but they were no more or less likely to talk to their father



about things that mattered frequently or have their television viewing limited. Young people from non-intact families were less likely to talk to their mother frequently and less likely to report that their parents stopped them watching something on television than their peers in an intact family. Given that there were few differences in family type by gender or age, it is possible that these differences are related to the parenting style used by parents - this is covered in the next section. Gender was related to the family life of young people in adolescence. Girls reported less autonomy than did boys in adolescence and they were more likely to push their parents for more autonomy, resulting in conflict when it was not granted. However, parents did not set more rules about television viewing for girls than for boys. Girls reported that they talked to their mother more about things that mattered although they were no more likely than were boys to talk to their father frequently about things that mattered. Age, as expected was strongly associated with family life. As young people got older they experienced less rules about television and were granted more autonomy. However, apart from 11 year olds talking to their father more, there was no association between age and dialogue with parents about things that mattered.

These findings go some way to describing what life in a family is like for adolescents in Britain. This chapter now analyses how closeness and dialogue between a parent and child, and rules and autonomy were aggregated into a parenting typology. In Chapter 11 this typology is then used to analyse whether the way that parents 'parent' has an effect on young people's well-being in adulthood.

#### ***7.4 Parenting style during adolescence***

In Baumrind's typology of parenting, which I described fully in Chapter 1, two dimensions of parenting are suggested as facilitating a child growing up to become a 'fully socialised' adolescent and adult. These two dimensions can be summarised as connection (or warmth, involvement) between parent and child and appropriate control by a parent of the child. A parent is defined in this typology (Baumrind 1991; 1968; Maccoby and Martin 1983) as parenting 'authoritatively' in adolescence if they exhibit warmth and connection with their teenager and if they supervise him or her appropriately. 'Authoritarian' parents show little warmth or connection to their adolescent children but they do however



set and enforce boundaries and rules, sometimes controlling them excessively (Baumrind 1991; Steinberg et al. 1994). 'Disengaged' parents exhibit little warmth or connection with their adolescent child and therefore the adolescent usually feels great emotional distance. Control is not usually evident after early childhood (Maccoby and Martin 1983). 'Permissive' parents do have a connection and are involved with their children but they do not control or supervise them appropriately (Baumrind 1991). From the qualitative data I used a broad interpretation of connection, to encompass closeness, emotional warmth and reciprocal respect between the parent and adolescent. In the BHPS I used the items on dialogue between parent and adolescent as indicators of connection. With regard to the second dimension, control, in both the qualitative and the quantitative data I used measures of the rules set by parents to indicate whether parental control was present.

It is difficult to directly compare the quantitative and qualitative results on parenting style and perhaps not wholly desirable either. Firstly, in the qualitative study I coded *each* parent as being of a particular parenting style, whereas in the BHPS youth were asked questions about parental rules and connection without differentiating between each parent. Additionally, it is highly likely (and advantageous) that the two sets of data tap into quantitatively and qualitatively different facets of parenting and therefore the typology is not likely to produce similar results. The qualitative sample was also not randomly generated and therefore there is likely to be a selection bias in the data. The proportion of young people in the qualitative study classified by each parenting style *is* presented here, simply to give some indication of the distribution of the parenting styles. These issues are discussed further in Chapter 13.

Thirty-six percent of the young people in the BHPS reported 'frequent dialogue' and 'rules about television' in 1994, and were therefore classified as being in an 'authoritative' family (Table 7.6). A further 29% reported 'infrequent dialogue' and 'rules about television' and were coded as being in an 'authoritarian' family. The proportion of young people in the qualitative study who were categorised as growing up in an 'authoritative' family was much greater than in the BHPS; 58% had two 'authoritative' parents and 10% had 1 'authoritative' parent. Conversely,



a smaller proportion of the interviewees, 19%, had one or two 'authoritarian' parents.

**Table 7.6 BHPS 1994: Distribution of whether respondents reported frequent dialogue and rules about television, and labelling of the parenting typology**

	Rules about television		Few rules about television		Total	
	n	%	n	%	n	%
<b>Frequent dialogue</b>	210	(36)	98	(17)	308	(53)
	'authoritative'		'permissive'			
<b>Infrequent dialogue</b>	172	(29)	106	(18)	278	(47)
	'authoritarian'		'disengaged'			
<b>Total</b>	382	(65)	204	(35)	586	(100)
Excluded cases: 7 (1%) cases excluded because of missing data on the parenting style variable						

Fewer adolescents in the BHPS panel were in a family characterised by 'few rules about television' when aged 11-15. Seventeen percent reported 'frequent dialogue' and 'few rules about television' ('permissive') and 18% said there were 'few rules about television' and 'infrequent dialogue' at home ('disengaged'). These proportions were more similar to the qualitative study, where 19% of young people reported 'disengaged' parents and 13% 'permissive' parents. For further clarification of what constitutes 'frequent or infrequent dialogue' or rules about television in the BHPS, refer to Chapter 4, Section 4.8.2 and for details of how the parents of the young people in the qualitative study were categorised by parenting style, refer to Chapter 6, Section 6.6.1.

**7.4.1 Age, gender and parenting style**

There were some notable age and gender differences within the BHPS data for the 4 parenting styles (Table 7.7). Younger adolescents were more likely to experience 'authoritative' or 'authoritarian' parenting than older youth. Forty percent of 12 year olds and 48% of 11 year olds had 'authoritative' parents during adolescence whereas only 31% of 14 year olds and 20% of 15 year olds had parents of this type ( $\chi^2$  10.94(1),  $p<0.01^1$ ).

<sup>1</sup> The chi-square tests in this section were performed on 11/12 and 14/15 year olds

Similarly, 32% of 11 year olds and 39% of 12 year olds had 'authoritarian' parents but a smaller proportion of 14-15 year olds had this type of parent ( $\chi^2$  6.05(1),  $p<0.05$ ).

Older adolescents were more likely to experience fewer rules with varying amounts of dialogue, that is, they reported 'disengaged' or 'permissive' parents (Table 7.7). Twelve percent of 11 and 12 year olds had 'permissive' parents in 1994 but 20% of 14 year olds and 29% of 15 year olds did ( $\chi^2$  9.89(1),  $p<0.01$ ). Eleven and 12 year olds were much less likely to have 'disengaged' parents; 9% and 10% respectively had parents of this type compared with 19% of 14 year olds and 33% of 15 year olds ( $\chi^2$  20.51(1),  $p<0.001$ ). Similar findings on parenting style and age have been reported from analysis of the Scottish Young People's Leisure and Lifestyles project (Shucksmith et al. 1995). Rather than the typology identifying types of parent, the indicator perhaps helps to illustrate that parents simply adopt a different style as their children get older. However, in the multivariate analyses the age of the adolescent will be taken into account, thereby enabling the effects of parenting style irrespective of the age of the child to be explored.

**Table 7.7 BHPS 1994: Distribution of young people aged 11-15 by derived parenting style, by age and gender (row %)**

	Parenting style								Total	
	'authoritative'		'permissive'		'disengaged'		'authoritarian'			
	n	%	n	%	n	%	n	%	n	%
<b>Age</b>										
11	62	(48)	15	(12)	11	(9)	41	(32)	129	(100)
12	44	(40)	13	(12)	11	(10)	43	(39)	111	(100)
13	41	(38)	13	(12)	20	(19)	33	(31)	107	(100)
14	41	(31)	26	(20)	28	(21)	36	(28)	131	(100)
15	22	(20)	31	(29)	36	(33)	19	(18)	108	(100)
All	210	(36)	98	(17)	106	(18)	172	(29)	586	(100)***
<b>Gender</b>										
Female	118	(41)	46	(16)	55	(19)	69	(24)	288	(100)
Male	92	(31)	52	(17)	51	(17)	103	(35)	298	(100)
All	210	(36)	98	(17)	106	(18)	172	(29)	586	(100)*

Excluded cases: 7 (1%) cases excluded because of missing data on the parenting style variable  
Significance of differences in distribution (Pearson chi-squared statistic):

\*\*\*Parenting style by age:  $\chi^2$  63.24(12),  $p<0.001$  \* Parenting style by gender:  $\chi^2$  19.29(3),  $p<0.05$



In the interviews, I was asking retrospectively about family life in adolescence and therefore I did not differentiate parenting by specific periods between the ages of 11 and 16. However, all but one of the interviewees who were aged 19-24 at the time of the interview described accounts of their family life in adolescence that I coded as 'authoritative'. It is possible that these respondents were more likely to 'romanticise' the period when they were 11-15, remembering their family life, with the benefit of hindsight, as more idyllic than it perhaps was, compared with the 16-18 year olds who were talking about the more recent past. These differences in the measurement of parenting style are discussed further in Chapter 13.

Adolescent girls in the BHPS survey were more likely to be categorised as having 'authoritative' parents ( $\chi^2$  3.22(1),  $p < 0.10$ ) whereas boys were more likely to report 'authoritarian' parents ( $\chi^2$  6.72(1),  $p < 0.05$ ) (Table 7.7). Forty one percent of girls had 'authoritative' parents whilst 31% of boys did but 35% of boys had 'authoritarian' parents compared with 24% of girls. 'Authoritative' or 'disengaged' parents raised all 6 young men who I interviewed; no young men were classified as having 'authoritarian' parents. There were no clear gender differences in the BHPS in the proportion of respondents parented by 'permissive' or 'disengaged' parents. In the qualitative study young people classified as growing up in a 'permissive' family were overwhelmingly female whilst those who had 'disengaged' parents were more likely to be male.

#### **7.4.2 Family type and parenting style**

Young people in the BHPS youth panel who grew up in intact families in 1994, were more likely to have 'authoritative' parents but less likely to have 'permissive' or 'disengaged' parents than young people in lone parent families (Table 7.8). Only 22% of young people in lone parent families had 'authoritative' parents but 39% of young people in intact families reported parents of this type ( $\chi^2$  17.03(1),  $p < 0.01$ ). Sixteen percent of young people from intact families were classified as having 'disengaged' parents compared with 26% of youth from lone parent families ( $\chi^2$  3.84(1),  $p < 0.10$ ) and a similar pattern was evident for 'permissive' families ( $\chi^2$  3.13(1),  $p < 0.10$ ). There was no difference in the proportion of young people who were in 'authoritarian' families in 1994 and young people in



stepfamilies were about as likely as those from intact families to have 'authoritative' parents.

In the qualitative study, of the 5 respondents who grew up with a lone parent, only one of these young adults was not classified as being in an 'authoritative' family. Some of these young people also maintained very close relationships with the non-resident parent, although this was not associated with whether their relationship with the resident parent was 'authoritative' or not.

**Table 7.8 BHPS 1994: Distribution of young people aged 11-15 by derived parenting style and family type (row %)**

	Parenting style								Total	
	'authoritative'		'permissive'		'disengaged'		'authoritarian'			
	n	%	n	%	n	%	n	%	n	%
<b>Family type:</b>										
Intact	172	(39)	64	(15)	71	(16)	130	(30)	437	(100)
Step	16	(33)	11	(23)	9	(19)	12	(25)	48	(100)
Lone parent	22	(22)	23	(23)	26	(26)	30	(30)	101	(100)
All	210	(36)	98	(17)	106	(18)	172	(29)	586	(100)*

Excluded cases: 7 cases (1%) excluded because of missing data on the family type and parenting style variables

\* Significance of difference in distribution (Pearson chi-squared statistic):

Parenting style by family type:  $\chi^2$  16.04(6),  $p < 0.05$

**7.4.3 Socio-economic status and parenting style**

Sweeting et al (1998) have noted that family process variables (time spent together and conflict) are only weakly associated with socio-economic status (SES). In the BHPS there was little association between parenting style and SES. Although the data in Table 7.9 shows some differences in SES between the family types, these differences are likely to be attributable to random error. However this relationship is perhaps confounded by family type. In the previous section I discussed how 'authoritative' families were more likely to be intact families and intact families were more likely to have a high SES. This will be examined further in the multivariate analyses in Chapter 11.



**Table 7.9 BHPS 1994: Distribution of parent's socio-economic status by their parenting style (row %)**

Parenting style	Socio-economic status						Total
	High		Medium		Low		
	n	%	n	%	n	%	
'Authoritative'	85	(41)	76	(36)	48	(23)	209 (100)
'Permissive'	31	(32)	35	(46)	32	(33)	98 (100)
'Disengaged'	36	(35)	37	(36)	31	(30)	104 (100)
'Authoritarian'	58	(40)	50	(29)	54	(31)	172 (100)
All	220	(38)	198	(34)	165	(28)	583 (100)

Excluded cases: 10 cases (2%) excluded because of missing data on the SES and parenting style variables

The quantitative data on parenting styles has suggested that young people are more likely to have parents who exhibit an 'authoritative' or 'authoritarian' parenting style when they are 11-12 than when they are 13-15. Older youth were more likely to report being in a 'permissive' or 'disengaged' family. Young people were more likely to experience 'authoritative' parenting if they were female but more likely to experience 'authoritarian' parenting if they were male. Adolescents from intact families were more likely to be parented 'authoritatively' and less likely to be parented 'permissively' or by 'disengaged' parents than were their peers in lone parent families. Whether this is an important point in terms of young people's later well-being will be discussed in Chapter 11. Young people from stepfamilies did not differ in the way that they were parented compared with intact families. Socio-economic status was not associated with parenting style, although this could be confounded by family type. But what was life like for young people with 'authoritative', 'authoritarian', 'permissive' and 'disengaged' parents? The data collected from students at South East Essex College illustrates how each parenting style is associated with family closeness, rules and autonomy. Using the BHPS data I also look further at how autonomy is related to the parenting styles.

**7.4.4 Closeness and parenting style**

Most of the young people I interviewed who reported being parented 'authoritatively' during adolescence had experienced their parents being consistently involved and interested in their school life, and in their outside interests too.

In 'authoritarian' families, excessive control by parents, and no emotional connection to counter it, always led to conflict between the young people I interviewed and their parent/s during adolescence. Having just one 'authoritarian' parent meant that the young person was usually very close to the other, non-'authoritarian' parent, regardless of that parent's parenting style. The following extract from Nina's interview illustrates this:

Nina: "I used to be a daddy's girl, when I was younger, he more or less brought me up, more than my mother, she was always ill, but that connection has been lost, but we do still get on. He's more approachable than my mother [...]"

Wendy: "so when you say that connection's been lost..."

Nina: "well I suppose I grew up, and the family environment changes. He and mum are at each other's throats more often. She gets a bit jealous [of her relationship with father], I know it's weird...if I ask him for something, more or less he'll try and help, and sort it out, and she's like, oh you wouldn't do anything to hurt your precious daughter, those kind of comments"

[Female, aged 17]

Most young people with a parent who was 'authoritarian' talked about the conflict that occurred because of the emotional distance between them but it was also evident that 'authoritarian' parents were rarely involved in their children's lives during adolescence:

Wendy: "what about your mum and dad being involved in other things, like parents evening, when you were at school?"

Lorna: "they came to parents evenings, but they never came to watch me if I was in a play, or if I was doing a sports things, like netball, they never came to watch me and they don't with any of us. Like my brother was in a rugby thing, and they won't see him. To be honest, I don't think they can be bothered. I know it's pretty sad, but they don't. I always wanted them to, my best friend's mum always took an active interest in her, and I wanted them to, and it makes me think, when I'm



older, I'm going to with my kids, because I don't want them to feel how I did"

[Female, aged 18]

From the interviews, it seemed that 'disengaged' parents did not take any interest in whether young people were behaving appropriately for their age during adolescence. This sometimes meant that they had a great deal of freedom from quite an early age, although the young people themselves did not usually consider this a benefit. When a parent did voice concern, it often seemed superficial and was certainly not consistent. Sometimes there was very little contact with a 'disengaged' father if they were separated from the young person's mother.

Although conflict often occurred in 'disengaged' families, it was usually out of frustration, at not being understood which is in contrast to the conflict in 'authoritarian' families, which was usually out of wanting more autonomy.

Wendy: "and what about with your dad [when he's not listening], does that end in a fight?"

Gregory: "it's not that he doesn't listen, it's the fact that he jumps to conclusions too much, he presumes what he thinks, for what I think. He fills in the gaps and then he's got an idea, and I've got an idea and it's different and we argue. He'll start raising his voice, not shouting, but to put his point across more, to say he's correct, and he's more dominant, so he'll raise his voice, then to get my point across, I'll have to shout above him, then.... If I can put my point across and he then realises it then OK, but if I can't then I say, right whatever and I go into another room"

[Male, aged 16]

The young people I interviewed with 'permissive' parents generally only had *one* such parent. There was sometimes a sense that these young people were trying to force a connection with this 'permissive' parent, because of the distance experienced with the other, 'disengaged' or 'authoritarian' parent.

#### 7.4.5 Rules, autonomy and parenting style

The interviewees with 'authoritative' parents were much more likely to accept the rules enforced at home compared with the interviewees with 'non-authoritative' parents. 'Authoritative' parents respond to the needs of the child (Steinberg and Silverberg 1986) and therefore the young people who I spoke to often experienced a relaxation of supervision anyway, without having to ask.

Wendy: "when you were younger, what kind of boundaries did you have?"

Megan: "I don't know. [...] When we were really young we never really asked for much at all, because we had our friends there [next door], and then we'd slowly be allowed to...one of us would be allowed to or all 4 of you together can go to the corner shop, then OK, 2 of you can go on your own, then OK you can go on your own, because I really need an apple! So gradually just letting us go away really I suppose"

[Female, aged 19+]

The young people who I interviewed who reported having 'authoritarian' parents when at secondary school usually perceived the rules as unfair and inappropriate and often expressed a degree of exasperation with their parents.

Having just one 'authoritarian' parent seemed to indicate that because they strictly enforced the rules and boundaries, if the other parent was 'permissive' they were often classified as such because they simply 'opted out' of this part of parenting. This extract from Judy's interview shows the different styles that her 'authoritarian' mother and 'permissive' father used when it came to discipline and punishment:

Wendy: "was she different with you before her accident, a few years ago?"

Judy: "no. Very strict, we'd either get a wooden coathanger, slipper, bare hand, slap around the face, back of the head. Just for making a noise, or not saying thank you. We'd get a slap"

Wendy: "what about your dad...?"



Judy: "no, my mum would always make him [punish us], but he'd come up and bring us sandwiches and a drink upstairs when we were sent to bed. My dad's a softie"  
[female, aged 18]

Having two 'permissive' parents, or one 'permissive' and one 'disengaged' parent meant however that these young people had nobody setting rules and boundaries. Young people often commented that they interpreted this as meaning their parents did not care about them.

Wendy: "have they ever had times for you to come in though?"  
Amelia: "no! my other friend did like, but my parents have never been like that. I don't know whether they trust me or they just don't care! No, they've never been like you've got to be in at this time. I always came in, like when my friends went in anyway"  
[female, aged 18]

So 'authoritative' parenting was associated with young people accepting the rules set, which appear to have been 'appropriate' because these adolescents rarely had a problem gaining the autonomy they wanted.

The data from the BHPS suggests that autonomy is not associated with parenting style the same way for 11-12 year olds as it is for 13-15 year olds. Table 7.10 shows that adolescents aged 11-12 in 'authoritative' and 'authoritarian' families were less likely than were their peers in 'disengaged' or 'permissive' families to be out after 9pm without telling their parents where they were going ( $\chi^2$  10.33(1),  $p < 0.01$ ). However, whereas 70% of young people from 'authoritative' families always told their parents where they were going (Table 7.11) only 37% of young people from 'authoritarian' families did so ( $\chi^2$  8.93(1),  $p < 0.01$ ). This suggests that young people in 'authoritarian' families accepted that they were not allowed out after 9pm but that when they were out the rest of the time they could be more autonomous. There is also likely to be some association with gender; younger boys are more likely to be in 'authoritarian' families.

**Table 7.10 BHPS 1994: Distribution of young people aged 11-15 by how many times they were out after 9pm without telling their parents, by parenting style and age group (row %)**

	Past month, times out late					
	None		1-2		3+	
	n	%	n	%	n	%
<b>11-12 years</b>						
'Authoritative'	99	(93)	6	(6)	1	(1)
'Permissive'	19	(68)	6	(21)	3	(11)
'Disengaged'	15	(68)	4	(18)	3	(14)
'Authoritarian'	69	(82)	12	(14)	3	(4)
All	202	(84)	28	(12)	10	(4)
<b>13-15 years</b>						
'Authoritative'	75	(72)	18	(17)	11	(11)
'Permissive'	49	(70)	11	(16)	10	(14)
'Disengaged'	52	(62)	17	(20)	15	(18)
'Authoritarian'	53	(60)	25	(28)	10	(11)
All	229	(66)	25	(28)	46	(13)

Excluded cases: 7 (1%) cases excluded on parenting style variable because of missing data  
Significance of difference in distribution (Pearson chi-squared statistic):

\*\* Staying out late by parenting style: 11-12 years:  $\chi^2$  19.86(6), p<0.01

**Table 7.11 BHPS 1994: Distribution of young people aged 11-15 by how often they tell their parents where they are going by parenting style and age group (row %)**

	How often tell parents where going?					
	Always		Usually		Sometimes/not usually	
	n	%	n	%	n	%
<b>11-12 years</b>						
'Authoritative'	74	(70)	20	(19)	12	(11)
'Permissive'	14	(50)	8	(29)	6	(21)
'Disengaged'	12	(55)	4	(18)	6	(27)
'Authoritarian'	31	(37)	32	(38)	21	(25)
All	131	(55)	64	(27)	45	(19)
<b>13-15 years</b>						
'Authoritative'	69	(66)	21	(20)	14	(14)
'Permissive'	35	(50)	23	(33)	12	(17)
'Disengaged'	27	(32)	32	(38)	25	(30)
'Authoritarian'	28	(32)	36	(41)	24	(27)
All	159	(46)	112	(32)	75	(22)

Excluded cases: 7 (1%) cases excluded on parenting style variable because of missing data  
Significance of difference in distribution (Pearson chi-squared statistic):

\*\* Tell parents where going by parenting style: 11-12 years  $\chi^2$  22.41(6), p<0.01

\*\*\* Tell parents where going by parenting style: 13-15 years  $\chi^2$  32.28(6), p<0.001



Youth aged 13-15 from 'authoritative' families were more likely to have less autonomy if they were from families who exhibited more frequent dialogue; i.e. 'authoritative' and 'permissive' families. Two thirds of adolescents in 'authoritative' families and 50% of those in 'permissive' families always told their parents where they were going (Table 7.11) but only 32% of those in 'disengaged' and 'authoritarian' families did ( $\chi^2$  15.10(1),  $p < 0.001$ ). The more frequent dialogue about things that matter in 'authoritative' and 'permissive' families perhaps means that young people parented in this way just have more opportunity to tell their parents their plans, and additionally, are perhaps more willing to do so.

### ***7.5 Conclusion***

This chapter has analysed what some aspects of family life are like for adolescents in Britain today and the findings suggest that gender and age are more likely to define family experiences during adolescence than is growing up in an intact, step or lone parent family. Relationships with mothers were particularly important. Young people, especially girls, were more likely to talk to their mothers instead of their fathers. The data confirms that as adolescents get older they report that there were fewer rules set at home, although the qualitative data strongly suggest that girls have more of a struggle to become as autonomous as they would like compared with boys. The results reflect other findings, that it is mothers who play a primary role in family dialogue (Gillies et al. 2001) and that parents relax the rules with the growing age of the child (Langford et al. 2001).

The parenting typology (which is used in the analysis of well-being presented in Chapter 11) demonstrates how different parenting styles are actually related to young people's every day lives during adolescence. Young people who experienced 'authoritative' or 'permissive' parenting during their adolescence tended to be closer to their families and their parents were more involved in their daily lives. Young people in 'authoritarian' and 'disengaged' families did not enjoy such close relationships with their parents. They had little experience of their parents being part of their daily lives and there was often conflict instead of closeness in these families. Youth in 'authoritative' families accepted the rules



set by their parents and seemed to have little difficulty gaining more autonomy as they got older. Their peers in 'authoritarian' families on the other hand, usually felt that their parents were too strict. Although there was no strong evidence to suggest that the rules *were* unfair, these young people did struggle to get the rules relaxed as they moved through adolescence. Youth in 'disengaged' and 'permissive' families rarely experienced having to adhere to strict rules, or often, to any rules at all as their parents 'opted out' of supervising them during adolescence. However, the style of parenting adopted was closely associated with age and gender, with younger adolescents and girls being more likely to report 'authoritative' parents. Intact families were also more likely to adopt an 'authoritative' style. It is also important to remember that many of the young people in the qualitative study had parents who exhibited different parenting styles, therefore a stormy relationship with one parent is perhaps mediated by a closer relationship with the other parent. The multivariate analyses in Chapter 11 will analyse whether parenting is associated with well-being irrespective of the age, gender and family type differences within the sample. I will also discuss further in Chapter 11 and 12 the effects of having two parents who use different parenting styles.

In Chapter 3 I suggested that although there is strong evidence that family life is associated with what young people eat, both during adolescence and when they get older, there is very little empirical evidence based on young people in Britain to support this argument. The next chapter addresses this issue and also ascertains whether young people are eating a diet that is 'healthy', i.e. a diet that is consistent with recommendations for long term health. In this chapter I have discussed the importance of autonomy for young people as they move towards adulthood, particularly for young women. The importance of autonomy was also apparent when the young people I interviewed were talking about food and this analysis is also discussed in the next chapter.



## CHAPTER 8

### Eating a Healthy Diet during the Transition to Adulthood

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In this chapter I analyse whether young people are eating a 'healthy' diet and the relationship with age, gender and socio-economic status. This chapter also analyses young people's food identities and assesses how food is 'used' in young adulthood to create autonomy from the family whilst strengthening ties with peers. The analysis is based on data from the interviews with young people at South East Essex College and on data from the 1993/94 and 1998 Health Surveys for England (HSFE). The analysis relates to the current food choices of the young people analysed, that is, when they were aged 16-24. Although there is some benefit and interest in considering what young people see as a 'healthy' diet, this thesis is more concerned with eating habits measured against current dietary advice on healthy eating. This was discussed in Chapter 1. To summarise, the Department of Health recommends that consumption of fruit, vegetables and other high fibre foods (like wholemeal bread, pulses and potatoes) be increased, whilst consumption of high fat foods like butter, whole milk and chocolate be decreased (Department of Health 1994B).

The chapter starts with the quantitative findings on diet, using the fat and fibre consumption bands from the DINE questionnaire in the 1998 HSFE and the derived healthy diet score from the 1993/94 data. Full details of these measures are outlined in Chapter 5, Section 5.5.1 and summarised in this chapter. I also look at consumption of specific foods; fruit, vegetables, bread, breakfast cereals and also high fat snacks to get an idea of what foods are helping or preventing young people from meeting recommendations for eating a healthy diet.

The qualitative data gave the opportunity to analyse eating habits from a more sociological perspective, which contrasts well with the dietary data presented from the HSFE. I use the concept of a 'food identity' to deconstruct why young people eat the way that they do. Young people are often thought to be living on burgers and hanging out in pubs and from the qualitative data I conclude that these are important ways for young people to assert their identity in peer groups



that are often changing. One other way that young people, predominantly young women, used food to create their identity, though not always consciously, was through dieting, concern about body image and in a handful of cases, through quite severe disordered eating.

Next, using the qualitative data, I examine how the family might influence young people's food habits. I discuss whether a parent's eating habits are associated with what young people eat and then look at dietary change. As the majority of young people I interviewed seemed to have quite poor eating habits, I was particularly interested in whether any of them had taken control of their diets once they had left school and whether this had resulted in positive dietary change. Positive dietary change had some association with the 'style' adopted by young peoples' parents in adolescence. Young adults who reported that their parent/s parented 'authoritatively' seemed more able and more likely to change their diet than did those from non-'authoritative' families.

The issues outlined in this chapter are considered further in Chapter 12 where I discuss how eating habits change during the transition from school to tertiary education and work and also the association between food choice and well-being.

### ***8.1 Eating a healthy diet***

I used 3 indicators of a 'healthy diet' using the HSFE data. For the 1993/94 data I derived a healthy diet score based on the method originally set out by Dowler and Calvert (1995). This was based on scoring consumption of specific foods and frequency of consumption of some foods with a score of between -2 and +2. Responses were coded with a positive score if the Department of Health Committee on Medical Aspects of Food (COMA) recommends eating more of a food. A negative score was awarded if COMA recommend eating less of a food and a neutral score was given if the recommendations do not specifically suggest eating more or less of a food. The healthy diet score (HDS) was then collapsed to 3 categories, relating to a high (highest quintile of scores), mid (mid quintiles of scores), or low (lowest quintile of scores) HDS. A high HDS corresponds to the healthiest diet, that is, a diet more in line with current COMA recommendations on fat and fibre.



In the 1998 HSFE, inclusion of the DINE questionnaire meant consumption of a more comprehensive range of foods was covered so the survey depositors could then derive fat and fibre bands (which had been previously validated against a 4-day diet record (Roe et al. 1994)). These bands, high, medium and low, relate to a fat intake higher than that recommended by COMA (medium and high bands) or a fat intake meeting the maximum recommended, no more than 35% of total energy (low band). The low fibre band corresponds to the average intake in Britain ( $\leq 20\text{g/day}$ ) whilst the high band corresponds to the amount of fibre recommended by NACNE<sup>1</sup> ( $> 30\text{g/day}$ ). As explained in Chapter 5, these fat and fibre derivations suffer from extensive missing data. Fifteen percent of cases did not have a fat band calculated and, more worrying, 46% of cases did not have a fibre band derived. As it is thought that, particularly in the case of the fibre band, this excluded those eating the least healthy diets a systematic bias could exist in the data. The 'missing' are therefore shown as separate categories in the bivariate analysis rather than being excluded. This is discussed where appropriate. Only a minority of cases were classified in the high fibre band and therefore the cases banded as medium (21-30g) and high ( $> 30\text{g}$ ) fibre were aggregated. This enables comparison of young people who were eating more fibre than the average amount of 20g/day, with those eating an average amount.

#### **8.1.1 Gender, age and healthy eating**

Young women were more likely than young men were to have a higher healthy diet score and to have a low fat score, but they were less likely to eat a higher fibre diet. Twenty-six percent of women had a high healthy diet score compared with just 15% of men (Table 8.1) and conversely, 25% of men had a low diet score compared with 17% of women.

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<sup>1</sup> The National Advisory Committee on Nutritional Education

**Table 8.1 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to healthy diet score bands, by gender (row %)**

Healthy diet score								
	High		Medium		Low		Total	
Gender	n	%	n	%	n	%	n	%
Female	571	(26)	1265	(57)	370	(17)	2206	(100)
Male	305	(15)	1208	(60)	498	(25)	2011	(100)
All	876	(21)	2473	(59)	868	(21)	4217	(100)***
Significance of difference in distribution (Pearson chi-squared statistic):								
*** Healthy diet score by gender, $\chi^2$ 92.14(2), p<0.001								

Forty five percent of young women and 23% of young men had a low fat score (Table 8.2). This means that they were probably meeting the recommendations for fat in the diet (35% of total food energy) and this is similar to findings reported for men and women elsewhere (Health Education Authority 1998). But a high proportion of men and women had a medium or high fat score, which means that fat represented over 35% of the total food energy consumed. Although the difference in the proportion of men and women who did not have a fat band derived (Table 8.2) appears small, it is significant ( $\chi^2$  4.70(1),  $p<0.05$ ). Women were less likely than were men therefore to consume milk or use fat spread<sup>2</sup>.

Women were more likely than were men to be in the average fibre band (Table 8.2). Thirty-seven percent of women were only eating an average amount of fibre compared with 30% of men ( $\chi^2$  19.91(1),  $p<0.001$ ). These differences in fibre are possibly associated with women having a lower energy intake (fewer calories) compared with men (Bull 1985).

<sup>2</sup> I discussed in Chapter 4, Section 5.5.1.2.1 which young people were excluded from the fat and fibre bands



Table 8.2 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands by gender (row %)

Fibre band									
		Fat band		Higher		Average		No fibre band	
		Low	Medium	High	No fat band	Total			Total
Gender	n %	n %	n %	n %	n %	n %	n %	n %	n %
Female	456 (45)	250 (25)	142 (14)	158 (16)	1006 (100)	192 (19)	371 (37)	443 (44)	1006 (100)
Male	200 (23)	264 (30)	289 (33)	122 (14)	875 (100)	196 (22)	259 (30)	420 (48)	875 (100)
All	656 (41)	514 (32)	431 (27)	280 (15)	1881 (100)***	388 (38)	630 (62)	863 (46)	1881 (100)**

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* fat band by gender,  $\chi^2$  146.64(3),  $p<0.001$

\*\* fibre band by gender,  $\chi^2$  11.50(2),  $p<0.01$

Table 8.3 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands by age (row %)

Fibre band									
		Fat band		Higher		Average		No fibre band	
		Low	Medium	High	No fat band	Total			Total
Age	n %	n %	n %	n %	n %	n %	n %	n %	n %
16	55 (24)	77 (33)	62 (27)	40 (17)	234 (100)	57 (24)	94 (40)	83 (36)	234 (100)
17	64 (28)	69 (30)	53 (23)	41 (18)	227 (100)	54 (24)	85 (37)	88 (39)	227 (100)
18	72 (32)	66 (29)	62 (28)	25 (11)	225 (100)	47 (21)	74 (33)	104 (46)	225 (100)
19	69 (36)	47 (25)	44 (23)	32 (17)	192 (100)	31 (16)	64 (33)	97 (51)	192 (100)
20	66 (35)	47 (25)	57 (39)	19 (10)	189 (100)	40 (21)	62 (33)	87 (46)	189 (100)
21	78 (43)	46 (25)	27 (15)	30 (17)	181 (100)	36 (20)	57 (32)	88 (49)	181 (100)
22	65 (37)	45 (26)	38 (22)	28 (16)	176 (100)	29 (17)	56 (32)	91 (52)	176 (100)
23	76 (37)	52 (25)	41 (20)	36 (18)	205 (100)	40 (20)	60 (29)	105 (51)	205 (100)
24	111 (44)	65 (26)	47 (19)	29 (12)	252 (100)	54 (21)	78 (31)	120 (48)	252 (100)
All	656 (35)	514 (27)	431 (23)	280 (15)	1881 (100)***	388 (21)	630 (34)	863 (46)	1881 (100)

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Fat band by age:  $\chi^2$  54.91(24),  $p<0.001$



Little research has been done previously looking *within* the 16-24 year old age group (although see Bull (1985)), in terms of diet, but I found that age did have some association with eating habits. Younger youth, aged 16-18 were less likely to report eating a low fat diet, compared with 19 and 20 year olds who in turn, were less likely to be eating a low fat diet than 21-24 year olds (Table 8.3) ( $\chi^2$  7.66(2),  $p<0.05$ ). Age had no association with fibre consumption (Table 8.3). Analysis of the earlier HSFE data suggests that age was not associated with the healthy diet score (Table 8.4); younger youth were about as likely to have a high diet score as were older youth. Any differences therefore are perhaps because of random error.

**Table 8.4 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to healthy diet score bands, by age (row %)**

Age	Healthy diet scores					
	Low		Medium		High	
	n	%	n	%	n	%
16	112	(26)	240	(56)	76	(18)
17	99	(22)	267	(59)	87	(19)
18	91	(22)	240	(58)	81	(20)
19	85	(20)	250	(60)	84	(20)
20	89	(20)	275	(62)	78	(18)
21	92	(20)	271	(59)	96	(21)
22	87	(17)	303	(58)	130	(25)
23	107	(20)	309	(59)	112	(21)
24	106	(19)	318	(57)	132	(24)
All	868	(21)	2473	(59)	876	(21)
					4217	(100)

Previous research has suggested that the diet of young people has some association with parental background, father's economic activity or maternal employment (cf. Brannen et al. 1994). With the HSFE data I examined whether diet was associated with the socio-economic status (SES) of the young people in the study.

### 8.1.2 Socio-economic status and healthy dietary patterns

The SES indicator was based on household income, access to a car and household tenure. Further details are in Chapter 5 Section 5.5.3. It was only possible to examine SES using the 1998 data because there were no questions asked about income in the 1993/94 survey. The SES indicator was based on household factors. This means that it was based mainly on parental resources



for young people still living at home whereas for young adults who had already left home, the indicator was based on the household in which they were currently living and parental resources were not taken into account. Therefore the analysis was split to indicate whether young people were still living with their parents or not, as this is likely to have a bearing on the results.

Fat consumption was associated with socio-economic status. Young people with the fewest resources were the most likely to eat a high fat diet (Table 8.5).

Thirty-two percent of young people living at home in a family with a low SES were eating a high fat diet compared with only 22% of their peers in families with a high SES ( $\chi^2$  5.43(1),  $p < 0.05$ ). Of young people who had left home, there was a much greater differential in the proportion from households with a high and low SES eating a high fat diet (Table 8.5). Only 13% of those in a household with a high SES ate a high fat diet, compared with 26% of their peers in households with a low SES ( $\chi^2$  6.11(1),  $p < 0.05$ ). It is possible that parents were more adept at shopping for and preparing food - irrespective of their socio-economic circumstances, whereas young people were less experienced at such tasks and therefore not as successful at shopping for lower fat foods on a budget. There was some evidence of this in the qualitative data. Fibre consumption was not associated with socio-economic status (Table 8.5).

So gender, age and socio-economic status did have some association with diet. Young women were perhaps consuming the healthiest diets, certainly in terms of having a lower fat consumption and older youth were more likely to be meeting current recommendations for eating a low fat diet. This suggests perhaps that diet gets better with age; this finding will be tested in the multivariate analyses presented in Chapter 12. Young people with the lowest socio-economic resources were eating the least healthy diets, in terms of being high in fat. There was less association between the fibre indicator, age and SES.

It is important to look at what types of food are being eaten, and how often in order to help understand how some young people are meeting the dietary recommendations for fat and fibre and a 'healthy' diet overall, and why some young people are not.





8.2 Consumption of foods that contribute to a 'healthier' diet

Almost all young people ate bread (Table 8.6) but lower fibre (i.e. non-wholemeal bread) types of bread were much more popular than was wholemeal bread. Only 16% of young people ate wholemeal bread in 1993/94 and only 10% in 1998 compared with 64% and 71% who ate white bread respectively in these years. Only 6% of young people ate bran breakfast cereals in 1998 (Table 8.6). Cereals not containing bran, wheat or oats (like Rice Krispies) were more popular with young people but approximately one third of young people in both survey years did not eat any breakfast cereal at all. This is perhaps linked with young people skipping the breakfast meal, rather than other foods being eaten for breakfast instead of cereal; this was certainly true of the young people in the qualitative study. A diet not containing wholemeal bread or bran-based breakfast cereals is less likely to meet the recommendations for fibre and not eating any breakfast cereals is also likely to be linked with not meeting the target for carbohydrates in the diet.

Table 8.6 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by type of bread and breakfast cereals consumed (column %)

	1993/94		1998	
	n	%	n	%
<b>Bread consumed</b>				
White	2701	(64)	1328	(71)
Brown, granary, wheatmeal	610	(15)	165	(9)
Wholemeal	658	(16)	194	(10)
Other	217	(5)	180	(10)
Does not eat bread	28	(1)	11	(1)
All	4214	(100)***	1878	(100)**
<b>Breakfast cereal consumed</b>				
Bran cereal (e.g. Bran Flakes)	1191	(28)	107	(6)
Oat or wheat cereal (e.g. Shredded Wheat)#		-	360	(19)
Other (e.g. Rice Krispies)	1576	(38)	792	(42)
Does not eat cereal	1430	(34)	618	(33)
All	4197	(100)*	1877	(100)*

Excluded cases: bread 3 (<1%) cases excluded from 1993/94 and from 1998 analyses because of item non-response. Breakfast cereals 20 (<1%) cases excluded from 1993/94 and 4 (<1%) cases from 1998 analysis because of item non-response.

# in 1993/94 oat and wheat cereals were included in with bran cereals

Significance of difference in distribution (Pearson chi-squared statistic):

Type of bread: \*\*\*1993/94  $\chi^2$  50.62(4), p<0.001, \*\*1998  $\chi^2$  18.25(4), p<0.01

Type of breakfast cereal: \*1993/94  $\chi^2$  8.59(2), p<0.05, \*1998  $\chi^2$  9.43(3), p<0.05



Fruit and vegetables are highly nutritious and frequent consumption is commonly thought to protect against some cancers (Department of Health 1998). At least 5 'portions' (one medium fruit like a banana, or about two tablespoons of vegetables, like carrots, equals one portion) per day are recommended for all adults. Very few young people were meeting this target (Table 8.7). Only 12% were eating fruit and 10% were eating vegetables more than once a day. Forty-two percent were eating vegetables once a day and 22% were eating fruit once a day. A considerable proportion of young people were eating fruit and vegetables very infrequently. For example, 22% were consuming fruit only once or twice a week in 1998 and 21% were eating fruit less than once a month in 1993/94.

**Table 8.7 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by frequency of consumption of fruit and vegetables (column %)**

How often eat:	1993/94		1998	
	n	%	n	%
<b>Fruit</b>				
> once a day	487	(12)	-	
Once a day	935	(22)	-	
5-6 days <sup>a</sup>	313	(7)	631	(34)
3-4 days	736	(18)	457	(24)
1-2 days	838	(20)	415	(22)
< once a week	-		195	(10)
Once a month or less <sup>b</sup>	894	(21)	180	(10)
All	4203	(100)***	1878	(100)***
<b>Vegetables</b>				
> once a day	408	(10)	-	
Once a day	1772	(42)	-	
5-6 days <sup>a</sup>	526	(13)	600	(32)
3-4 days	769	(18)	634	(34)
1-2 days	500	(12)	436	(23)
< once a week	-		97	(5)
Once a month or less <sup>b</sup>	218	(5)	111	(6)
All	4193	(100)***	1878	(100)***

Excluded cases: fruit 14 (<1%) cases excluded from 1993/94 and 3 (<1%) cases from 1998 analysis because of item non-response vegetables 24 (<1%) cases excluded from 1993/94 and 3 (<1%) cases from 1998 analysis because of item non-response

<sup>a</sup> note that in 1998 the categories were 6+ and 3-5 times a week

<sup>b</sup> note that in 1998 this category was 'rarely/never'

Significance of difference in distribution (Pearson chi-squared statistic):

Frequency of eating fruit: \*\*\*1993/94  $\chi^2$  64.69(5), p<0.001 \*\*\*1998  $\chi^2$  27.78(4), p<0.001

Frequency of eating vegetables: \*\*\*1993/94  $\chi^2$  36.74(5), p<0.001 \*\*\*1998  $\chi^2$  22.98(4), p<0.001

Five percent of young people aged 16-24 were eating vegetables less than once a week (Table 8.7). Consumption of vegetables less than once a week is unlikely to offer any health benefits. It should be noted that in 1993/94 potatoes



were included in the vegetables category whereas in 1998 they were not (Tucker 2002) and therefore the survey data are not directly comparable.

8.2.1 Consumption of dairy products and high fat snacks

A considerable proportion of young people were consuming full fat butter, margarine and whole milk (Table 8.8). Half of the young people in both of the HSFE years analysed used full fat butter or margarine. Only a very small proportion (7%) did not use any fat spread. Between 1993/94 and 1998 the consumption of whole milk decreased (though not significantly), which is in line with findings on national milk consumption (Department for Environment, Food and Rural Affairs 2001). However, 35% of young people in 1993/94 and 28% in 1998 were consuming full fat whole milk. Semi-skimmed milk was the most popular option; only 9% chose the lowest fat (skimmed) milk in 1998.

Table 8.8 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by type of fat spread and milk consumed (column %)

	1993/94		1998	
	n	%	n	%
<b>Fat spread used</b>				
Butter or margarine	2097	(50)	983	(52)
Low fat/ reduced fat spread	1743	(42)	744	(40)
Other	42	(1)	27	(1)
Does not use	298	(7)	123	(7)
All	4180	(100)**	1877	(100)
<b>Milk consumed</b>				
Whole	1457	(35)	518	(28)
Semi-skimmed	2078	(49)	1102	(59)
Skimmed	477	(11)	165	(9)
Other	88	(2)	33	(2)
Does not use	111	(3)	57	(3)
All	4211	(100)***	1875	(100)*

Excluded cases: fat spread 37 (1%) cases excluded from 1993/94 and 4 (<1%) cases from 1998 analysis because of item non-response milk 6 (<1%) cases excluded from 1993/94 and 6 (<1%) cases from 1998 analysis because of item non-response

Significance of difference in distribution (Pearson chi-squared statistic):

Type of fat spread: \*\*1993/94  $\chi^2$  12.40(3),  $p < 0.01$

Type of milk: \*\*\*1993/94  $\chi^2$  77.19(3),  $p < 0.001$  \*1998  $\chi^2$  9.83(4),  $p < 0.05$

Nine percent of 16-24 year olds were consuming chocolate more than once a day and 21% were eating chocolate once a day in 1993/94 (Table 8.9).

Chocolate is usually very high in fat and also sugar and would contribute greatly to fat intake if consumed regularly. Even if young people were eating reduced



fat chocolate, this is still usually very high in sugar and so would still contribute to a less healthy diet overall. Only 5% of young people ate biscuits, crisps and chocolate less than once a week in 1998 and 19% ate chocolate once a month or less.

**Table 8.9 HSFE: 1993/94 & 1998: Distribution of young people aged 16-24 by frequency of consumption of chocolate<sup>#</sup> (column %)**

How often eat:	1993/94		1998	
	n	%	n	%
<b>Chocolate<sup>#</sup></b>				
> once a day	361	(9)	-	-
Once a day	874	(21)	-	-
5-6 days <sup>a</sup>	327	(9)	963	(51)
3-4 days	695	(17)	487	(26)
1-2 days	1159	(28)	272	(15)
< once a week	-	-	93	(5)
Once a month or less <sup>b</sup>	797	(19)	63	(3)
All	4213	(100)*	1878	(100)*

# In 1998 this category also included crisps and biscuits  
Excluded cases: 1993/94 4 (<1%) cases excluded because of item non-response 1998 3 (<1%) cases excluded because of item non-response  
<sup>a</sup> note that in 1998 the categories were 6+ and 3-5 times a week  
<sup>b</sup> note that in 1998 this category was 'rarely/never'  
Significance of difference in distribution (Pearson chi-squared statistic):  
Frequency of eating chocolate/confectionery by gender: \*1993/94  $\chi^2$  17.12(5), p<0.05  
Frequency of eating chocolate/biscuits/crisps by gender \*1998  $\chi^2$  13.40(4), p<0.05

This section has helped illustrate why it is that few young people are eating a diet high in fibre. Wholemeal breads and higher fibre breakfast cereals were only consumed by a minority of young adults aged 16-24 and a third were not eating any breakfast cereal (and possibly no breakfast). Although there are other foods that contain high levels of fibre (pulses and potatoes for example), regular consumption of bread and breakfast cereal would be a good way of ensuring an adequate intake. An alarmingly small proportion of young people was eating fruit and vegetables more than once a day. The target should be a minimum of 5 portions a day and therefore this low consumption is very worrying given the overwhelming evidence that fruit and vegetables offer long term protection against some cancers.

More young people were consuming foods that would help to control their overall fat intake, like semi-skimmed milk and low fat or reduced fat spread but a



substantial proportion were consuming whole milk and butter which are high in saturated fat. Very few young people chose not to use any fat spread at all. About a third of young people were eating chocolate once a day or more than once a day and about half were eating crisps, biscuits and chocolate on most days of the week. The reason *why* young people are choosing to eat such high fat snacks instead of more fruit or other 'healthy' snacks is an issue that needs addressing. It is therefore important to consider the *context* in which young people are living their lives, and how this is related to making healthy or less healthy food choices. Using qualitative data from interviews with young people at college, this chapter continues by exploring some of the more sociological factors associated with the dietary patterns of young people.

### ***8.3 Developing a food identity in young adulthood***

Many of the themes that emerged from the qualitative data on eating habits in young adulthood seemed to reflect the way that the respondents were trying to develop their identity, through the food that they ate. An identity shift, away from eating solely within the family norms and home environment had begun for many young people during adolescence, particularly with habits like becoming vegetarian<sup>3</sup> or buying chocolate to eat when out with friends. After leaving school the development of a more adult, or at least a more autonomous, social appetite became significantly more pronounced. This was more of a struggle for some young adults though, and one way that this struggle seemed to manifest itself, was in the use of weight control strategies.

#### **8.3.1 Detachment from the family**

Eating habits were a powerful way for young people to achieve detachment, or autonomy from their family. It was quite common for the young adults

interviewed who still lived with their parents to express their need for independence by refusing to eat meals with the rest of their family. This appeared to be an issue that grew in importance as young people got older. Many young people became busier when they left school and this therefore facilitated their desire to eat away from the rest of the family; they could simply

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<sup>3</sup> This is the term used by the respondents it relates to; it does not necessarily mean that they did not eat meat or fish



avoid being at home/available for family meals. When questioned about why they did not eat family meals regularly some young people said they found the family meal too 'fattening' or not to their liking. It did seem that some young people's food preferences changed after they left school (an issue discussed further in Section 8.4.2.1) but there was a strong sense that this was in fact related to creating autonomy from the family. Other young people however appeared quite indignant - they just felt that they were too old to be eating around the family table.

Wendy: "do you eat with your family?"

Michael: "sometimes, not very often though"

Wendy: "so does [your mum] cook it and you have it afterwards?"

Michael: "no, she'll cook it and then she'll call me down for dinner and most of the time I'll eat it in the kitchen or take it upstairs, but sometimes we do eat together as a family"

[Male, aged 18]

Vegetarianism is more prevalent among young people than other adults, and becoming vegetarian often starts because of ethical or animal welfare concerns (Haslam et al. 2000). But being vegetarian quickly distinguished the young people in the study from other family members because their food had to be prepared separately from the main meal.

Wendy: "so does she normally cook different things for you?"

Jane: "yeah she does. Like on Sunday when we have a roast, she does chicken and I have my vegetarian food. And she cooks my roast potatoes separately from her roast potatoes, because they're in with the chicken, because I don't want any meat fat on mine"

[Female, aged 19+]

Some young people who defined themselves as vegetarian ate fish, chicken and in one case, spaghetti Bolognese prepared with minced beef, but what was important was that they defined themselves as vegetarian. It was this and not what they ate that differentiated them from those around them and helped them to achieve an autonomous social appetite.



### 8.3.2 Identification with peers

Eating outside the home is a practice thought to be as much to do with retaining the 'social order' and staying within cultural boundaries (Warde and Martens 1998) as it is with food preferences and being able to financially afford to do it. Young people ate with their peers during college time, but the most noticeable time when eating was influenced by, or affected by socialising with peers, was in the evening. Developing a busier, more 'adult' social life<sup>4</sup> after leaving school sometimes supplied the spark for not having a proper evening meal at home.

Zoë: "[...] sometimes I miss meals, because I'm supposed to be going out. If I do a late shift at [work], if I finish work at 7:30 and Dominic finishes at 6, he'll come pick me up, rush back to mine, get changed, cause we're meant to be going out, so whoops! miss dinner, I don't really think about it..."

[Female, aged 17]

Food eaten in the evening with peers was invariably high in fat (burgers, crisps, chips and kebabs being common examples of foods eaten). It was quite common for young people to purchase and eat different types of food outside the family home than the sorts of food that they had access to at home. This was perhaps another way of separating different parts of one's self - the 'old' family self (adolescent) and the 'new' autonomous self (adult).

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<sup>4</sup> Going to pubs and night clubs, 'hanging out' further away from home and driving around Southend seafront

Wendy: "when are you likely to go to McDonalds...?"

Zoë: "mm, late at night, it seems to be recently, normally out for a drive with friends, we normally go to McDonalds drive-thru, if we're gonna eat, I normally have a burger, I don't normally eat more because I've had dinner earlier, so I try not to eat too much"

[Female, aged 17]

Young adults who drank alcohol with their peers were particularly at risk of eating high fat foods in addition to their usual meals. Hangovers also resulted in meals being skipped. Going to the pub, or hanging out and drinking alcohol and then eating a burger seem like ordinary, innocuous events, but perhaps they form an important part of the social route from youth to adulthood. Even young people who usually severely restricted what they ate because of concerns about weight or appearance drank alcohol and ate 'junk' when out with peers. This seems to suggest that some young people struggle to balance their public and private selves.

### **8.3.3 Food, weight and appearance**

There was a close link between some young people's relationships with food and their concern with body image, gaining weight and feeling 'out of control'. This tended to become more salient towards the end of school and into young adulthood. Being underweight, overweight or of normal weight<sup>5</sup> was not necessarily related to these outcomes.

There were some noticeable differences between men and women in the types of foods eaten<sup>6</sup>, which could be associated with the desire to remain slim. Most young people in the qualitative study had skimmed or semi-skimmed milk but the young men tended to have full fat whole milk. This was related to their mother's preference for them to drink whole milk, because it was 'good for them'. Vince, for example said he drank 1-2 pints of whole milk every morning, which was at his mum's insistence, because it was "good for my bones". It seemed that young men were more prepared to accept this, possibly because young women were

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<sup>5</sup> Based on my perception of their weight in relation to height

<sup>6</sup> Information on types of food was collected via a food frequency questionnaire; see Chapter 6



more concerned with cutting down on fat than young men were and therefore were more likely to choose lower fat milks. Young men were also more likely to drink full sugar soft drinks whereas the young women drank sugar-free varieties.

Some of the overweight or obese young people I interviewed had a healthy relationship with food and were fairly accepting of their appearance. A sensible strategy for losing weight was often undertaken, and this was often related to achieving other goals - rather than as a goal in itself. Tactics included eating regular meals, snacking on low fat foods like fruit and trying to lead a more active lifestyle.

Wendy: "so what gave you the motivation [to lose weight]?"

Carol: "because I was looking at my career, and thinking where do I really want to go. I've always wanted to go in one of the forces, whether the air or the army. And to get in I need to be super fit! So I thought knuckle down and sort it out. I'm only 19, I don't want to be 19 stone, I want to get my weight down. So I just looked at my career and thought I want it to go in the direction I want it to go in, and not just fall in place"

[Female, aged 19+]

Some young adults had a fairly good relationship with food and a healthy diet overall, but their main aim was to use food to avoid gaining weight. These respondents tended to be either normal weight or slightly underweight. For young people who had a particularly difficult relationship with food, the result was unhappiness with their ability to control their appetite and weight and usually frustration about their appearance. They did not appear to be overweight but none of these women were satisfied with their attempts at controlling their food intake. This group of interviewees took extreme measures to try to stay in control, sometimes by starving themselves for several days.

Karen: "[...] and for me a good way to lose weight [now] is to starve myself. Which is not the proper way at all, but, now, I only do it for a couple of days, so it's not too bad. It's only when I get with a boyfriend, or something like that. It's weird, I'm a bit loony!"

[Female, aged 17]

Two young women talked extensively about their attempts at controlling the urge to vomit (purge) after eating.

It could be argued that all women who diet by restricting their food intake are conforming to the 'thin ideal' (Williams and Germov 1999), that to be female actually means to be a thin female. The young women who were starving themselves, or purging what little food they did eat were not taking such drastic action in order to improve their health. This extreme dieting behaviour is perhaps connected to a more desperate need to 'fit in'. However, the young women who were overweight and were dieting by adopting healthier eating habits were almost certainly improving their health and also perhaps their well-being and therefore from a public health perspective, this could be viewed as sensible behaviour.

It is highly likely that the foods that younger children eat are determined somewhat by their parent's preferences (Birch 1980). As children get older however, they become more independent and therefore their own food choices become more pertinent, so how does the influence of the family become balanced with the desires of the adolescent?

#### ***8.4 The Family Context: role models and parenting style***

Some young adults in the qualitative study were undoubtedly eating fairly well whilst at home because of the habits initiated by their parents. Some parents advocated eating plenty of fruit and vegetables, not using processed or poor quality food and finding alternatives to soft drinks and there was evidence that these habits influenced what young people eat.

Wendy: "I was going to say does she [your mother] ever say 'oh my god, you're eating a burger', but you don't really eat anything [like that] do you?"

Christina: "I think she used to, I think that's why I cut it down, she goes on and on about me eating vegetables and fruit, I don't know why, she's just this health addict. She's like 'OHMIGOD you're not eating fruit!' That's it! She cuts it up for me, and puts it in a bowl and makes me eat it and she



screams at me if I don't! And she makes sure I have fruit juice like every morning, pure orange juice, 'drink that'"

[Female, aged 17]

Whether young people took their parent's food values on board more long-term can really only be evident once young people have left the family home. Once living away from home, it is thought that young people's diets initially deteriorate (Lau et al. 1990; Wills Unpublished dissertation). The qualitative data suggests that young people who had 'healthy' family food values to fall back on, were more able to make positive dietary changes. These young adults were often aware of the roots of their healthy eating and this was particularly noticeable for the 3 young women who had children themselves. It has been suggested that adults who were brought up with positive experiences of food are more likely to want to pass these on to their own children (Devine et al. 1998), and this was certainly true of the young people in my study.

The availability of high fat foods and snacks like chocolate and the absence of fruit or healthier snacks at home (whether the parental home or the respondent's own home) added greatly to the likelihood that young people did not make positive changes to their diet. This was exacerbated if young people saw parents snack regularly themselves on chocolate.

A parent not setting a positive example to young people when they still lived in the family home was almost certainly an additional barrier to better eating habits. Habits that are picked up at home, like having to finish everything on the plate, are deeply ingrained and may be related to having a higher BMI<sup>7</sup> in adulthood (Brannen and Fletcher 1999).

Wendy: "and did you have to finish everything on your plate?"

Samantha: "oh yes! Oh yes! The sad thing is, I'm still like it now."

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<sup>7</sup> BMI (body mass index) is a measure of weight in proportion to height. A high BMI (over 25) would indicate that a person is overweight or obese

Especially when I'm out. If I go round the in-laws, I think I've got to finish it, because if I don't it seems I'm being rude. So even if I sit there groaning, I've got to finish it"

[Female, aged 19+]

Some parents gave out negative messages about dieting and thinness. This issue was very gender, and role, specific (Hertzler and Frary 1996). Young women who were concerned about putting on weight frequently mentioned that their mother was 'big', constantly dieting or not comfortable with food.

Most daughters of mothers described like this were anxious about not picking up their mother's weight problems or eating habits. In some cases this was associated with more deep-rooted anxieties. Karen for example was very close to both parents, but was constantly trying to impress her father. He was divorced from her mother, who was very overweight, and perhaps in Karen's eyes, women have to be thin to sustain a relationship with a man. Karen appeared to be of normal weight for her height.

Wendy: "I interviewed someone else that was concerned about her weight, ...and it made her really find out loads about what to eat, [...] so it didn't make you want to find out about eating healthily?"

Karen: "yes... [...] It's because of my dad, he's forever lecturing me. He doesn't like me eating like, crisps and chocolate. I can remember once we were in the shop and I picked up a Pot Noodle and he said well instead of having that pasta, why not have proper pasta. So he doesn't like me eating things like that. My mum doesn't really care what I eat, she's not really bothered. But my dad is. He doesn't want me to...I think because they're separated...I've said before I don't want to end up like mum, and he's said, you won't, I've got his bone structure, I'm exactly like him, and not my mum. And I think that helped me as well. He has helped, but he didn't know, he just said every time he saw me I was getting skinnier and skinnier, that was about half a year ago now"

[Female, aged 17]



Given that so many young people were eating a diet low in fibre and high in fat with very few fruit and vegetables, I considered any evidence that young people were taking steps towards changing their diet towards a healthier model as particularly important.

#### **8.4.1 Parenting style and positive dietary change**

Understanding who makes positive dietary changes and what factors are associated with this is therefore an important goal for health promotion and intervention and also for forecasting who is not likely to be eating healthily in later life. Positive dietary change was a topic that was grounded in the interview data, rather than an area that I was specifically looking for. By positive dietary change I mean that the young people who I spoke to had started choosing healthier snacks instead of high fat foods, eating regular meals instead of continual snacking and they were trying to limit the effects of their emotional appetite<sup>8</sup>. Some young people were eating fairly healthily anyway because of the influence of their parents, so I was also looking for evidence that these young people had assumed some control or responsibility for the food that they ate, and whether this control contributed to a healthier diet. An important factor that was linked to making such changes was the parenting style the young person had experienced during adolescence. Parenting style was discussed at length in the previous chapter and therefore I will only briefly summarise the 'types' here. The American psychologist Diana Baumrind proposed that there were 3, which later became 4, ways of parenting adolescents (Baumrind 1968; Maccoby and Martin 1983). 'Authoritative' parents, who are thought to use the 'optimum' style in terms of raising well-adjusted young adults, are close to their children and able to respond to their needs but they also supervise them appropriately. 'Permissive' parents are also close to their children but they tend not to set rules or boundaries. 'Authoritarian' parents do set rules and boundaries but they are not generally close emotionally to their children. Finally, the fourth type of parent who I label as 'disengaged' exhibits neither closeness nor appropriate supervision.

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<sup>8</sup> Eating or not eating because of being upset, sad or stressed.



#### 8.4.1.1 'Authoritative' parenting and positive dietary change

Almost all of the young people interviewed who reported that one or both of their parents had an 'authoritative' style during adolescence had made considerable positive changes to their diet in the period since leaving school. This did not mean that they did not experience a period of initial deterioration after leaving the school environment, because all of the young people interviewed did in the short term. However, young adults who had been parented 'authoritatively' had come through the poorer diet phase and were now starting to eat more healthily.

Wendy: "what made you cut down [on chocolate]?"

Vicky: "I don't know, I think it's part of growing up, you start to realise that really it's not right to eat 4 bars of chocolate a day, it's just not. If it was given to me I would eat it. Also I didn't have a lot of money to spend a little while ago, so I was more buying things like sandwiches because I was hungry, and things like that instead of chocolate and sweets. But now that I'm going to work a lot more, I'm getting a lot more money, and even though I've got more money, I've still been good. So I think that period where I didn't have much money helped me. Cause I realised I could do without 4 chocolate bars a day"

[Female, aged 19+]

Often, young people educated their parents about what foods they should be buying and eating, rather than the parent acting as information giver. Research tends to focus on the adult-as-gatekeeper model, rarely on the reverse, where children influence parental food choice although Rimal and Flora (1998) found that this association does exist. I found that this situation occurred because of the good bond between ('authoritative') parent and child; young people from non-'authoritative' families were not able to persuade their parents to change the food eaten by the family.

Wendy: "do you ever eat something specifically because it's good for you or healthy?"

Zoë: "I think so, I try to, mm, sometimes I force fruit down my throat, and I am getting into asking mum to buy more low fat things, like low fat mayonnaise, cause it's a bit healthier, and oat bars, like Tracker bars,



but low fat ones, they're all right to snack on. I think if the option's there you should buy the fat free things. Like Sainsbury's have got the Be Good to Yourself range, so I think instead of buying normal bacon, we should get that, it's just a bit healthier"

Wendy: "and is your mum happy to go along with that?"

Zoë: "I think my mum is, but I don't think dad is. He doesn't care what he eats, he's like oil in the frying pan, bacon covered in fat, yuck! It's not that I wouldn't eat it, but it's just too much oil. I've never been conscientious about weight or anything, but health wise, it's healthier to eat less fatty foods"

[Female, aged 17]

Only 2 of the 18 respondents who were parented 'authoritatively' reported no positive changes at all. They both ate relatively healthy meals, because of the food available at home, but neither had taken control of their tendency to skip meals, often going for long periods without food. Additionally, one other young woman had made positive changes to her diet, by managing to overcome her bulimia since leaving school, but she still had a fear of putting on weight and therefore did still restrict her eating. These 3 young women were given considerably more freedom during adolescence than all of the others who were parented 'authoritatively'.

As the young people I interviewed from 'authoritative' families tended to be older than their peers parented in other ways, it is possible that positive dietary change is confounded by age. Although this will not be specifically addressed by the multivariate analyses (because there are no measures of parenting in the Health Survey for England), it will be possible to analyse in the multivariate analyses in Chapter 12 whether young people who eat healthily do so irrespective of their age.

#### **8.4.1.2 Non-'authoritative' parenting and eating chaotically**

Almost all of the young women who were preoccupied with their weight, and worried about what they ate, made no positive changes to their diet after school and all of them had either 'authoritarian' or 'permissive' parents during adolescence. Young women with one or two 'permissive' parents, that is, a



parent who was close emotionally but did not set boundaries seemed to be concerned about their weight as a way of getting their peers' approval. Young people who had a parent who thought they could do no wrong perhaps meant that they had a need to get this approval from other adults too.

It is thought that children of 'permissive' parents are allowed, when younger, to take control of mealtimes, deciding for themselves how much they should eat with no parental guidance at all (Brannen and Fletcher 1999). Perhaps this results in young adults who do not trust their own instincts, they are in effect, scared of their own appetite and therefore they are constantly trying to 'cope' with food as best they can. This certainly seemed salient for the young people who I interviewed who had 'permissive' parents.

Young women with at least one 'authoritarian' parent and one other non-'authoritative' parent were more likely to eat poorly perhaps as a means of rebelling against their controlling parent/s. They skipped meals or ate only tiny amounts of food to show their parents that they were in control. Food was felt to be an area that their parents could no longer dictate to them on; as children they were not allowed to make their own decisions about what to eat. These women did sometimes take steps that they thought were a move towards a 'healthier' diet, but this did not mean that their eating had become any better overall. Excessive parental control over what food is eaten in childhood is perhaps related to less self-control in young adulthood (Brannen and Fletcher 1999) although I think this would be better interpreted as less *appropriate* control, as sometimes self-control was too excessive.

Judy: "you know that new drink with extra calcium in it? I drink that, and I drink extra milk, which makes me feel sick, which is why I drink that water [with the calcium in], I take vitamin tablets, and cod liver oil tablets, extra nutrients, so I'm trying to look after myself, whilst trying to lose weight at the same time. So I'm being careful. I've only passed out 3 times\*, this month..."

\*Judy has been diagnosed with bulimia and anorexia nervosa and severely restricts the amount of food that she eats each day

[Female, aged 18]



Young people who experienced 'disengaged' parenting throughout adolescence were not concerned about their weight, but overall, I did not feel that they had made a considerable change to their diet since being at college. However, unlike the other respondents with non-'authoritative' parents, these young adults' diets had not continued to get worse since settling down at college. Their eating habits were more stable, and considerably less affected by trying to identify with their peers. Young people who were 'disengaged' from their parents generally tended to have a fatalistic attitude, not worrying about fitting in and this seemed to extend to their attitude to food. The differences between young people from 'disengaged' families and those parented in other ways are discussed further in later chapters.

### ***8.5 Conclusion***

Most young people were eating a less than ideal diet, in terms of current recommendations for consuming less high fat, and more lower fat and higher fibre foods. Although some young people were consuming lower fat semi-skimmed and skimmed milks and reduced or lower fat spreads a fair proportion of young adults were eating butter and whole milk and regularly consuming snacks like chocolate, crisps and biscuits, which are high in fat. A very small proportion of youth in the Health Survey for England were eating wholemeal bread or high fibre breakfast cereal which would be ideal foods for increasing fibre in the diet. Additionally a third of young people were not eating any breakfast cereal, which would greatly reduce the chances of these young people consuming enough carbohydrate in their diet. Men and younger youth were more likely to have a poorer diet than were women and older youth and young people with a low socio-economic status were more likely to eat a high fat diet. The effects on diet of these factors will be taken into account in Chapter 12, when I use logistic regression to analyse whether well-being status is associated with healthy eating.

In Chapter 1, I stated that a mixed methods approach to this research would result in a better understanding being gained of the complex issues surrounding young people's lives. The quantitative data, as summarised above, show that many young people are not eating in a way that will benefit their long-term



health. The qualitative data however gave a clearer insight into why this might be the case. Young adults seem to use food as a way of building a food identity or social appetite. At this stage of the life course young people have a need to detach from their family 'self' and develop a more autonomous identity, which often means trying to identify more closely with peers. Food provides a way of doing this. By choosing foods perhaps frowned upon by family, which are often the same foods popular among young people, like burgers, crisps and chocolate (and alcohol), young adults are simply expressing their own social needs. Not all young people have such a straightforward relationship with food though. Some young adults struggled to achieve autonomy and this was manifested by binge eating or refusing to eat, or just simply feeling uncomfortable eating. These young people were particularly unlikely to have a healthy diet. There were encouraging signs though that some young people started to take, or regain control of their diet once they had settled at college, resulting in positive dietary change. In Chapter 7 I discussed how dialogue with parents about things that mattered was an important dimension of family life and was often indicative of closeness in the family. From the data presented in this chapter it seems that this kind of good communication with parents facilitated positive changes being made by young people when they left school. Parents who set a good example by eating healthily also gave young people healthy food values to fall back on once they had gone through the unsettling experience of leaving school. This chapter has clearly illustrated the important role that parents continue to play in young people's food decisions as they get older, a finding that will be discussed further in Chapter 13.

It seems that leaving school and moving on to further education was a time of personal change for the young people I interviewed. The transition from school, a major event in the life course of young people sets the background context for this thesis and also for much of the analysis presented in the chapters that follow this one. In Chapter 9 therefore I look at how many young people participate in tertiary education and how many are already in work, unemployed or economically inactive between the ages of 16 and 24. Whether these episodes are associated with young people's food consumption will then be addressed in Chapter 12.



## CHAPTER 9

### The Transition from School

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It was apparent from the analyses discussed in Chapters 7 and 8 that young people start to detach themselves from family life as they make the transition to adulthood. This was manifest in several ways, including young people pushing back parental boundaries, not wanting to spend time within the family and choosing food that differentiated them from family norms. This gives some sense of how young adults' lives change on a personal level as they get older, but what about the structural changes that they face? As explained in Chapter 1, there are several 'events' that take place during this stage of the life course but I concentrate in this chapter on the transition that occurs when young people leave compulsory schooling at the age of 16. This is because all young people over the age of 16 have finished compulsory education whereas only a minority of those in the age group considered in the analyses have left home, got married or had children. This chapter therefore examines the educational and economic contexts that young people aged 16-24 were experiencing during the late 1990s and early part of the 21<sup>st</sup> Century. This includes analysis of how many young people were participating in post-compulsory education between the ages of 16-24 and how many were in full time employment, or NEET (not in education, employment or training). This analysis is based on data from the British Household Panel Survey (BHPS) and the Health Survey for England (HSFE). The BHPS data used, from 1999, is taken from when the youth panel members (who I discussed in Chapter 7, when they were aged 11-15) took part in the adult survey, when they were 16-20. The young people I analysed from the 1998 HSFE were aged 16-24. Using this quantitative data, I examine gender and socio-economic differences in rates of participation in tertiary education, work and being NEET to analyse whether these transition events are still embedded along traditional lines.

Using qualitative data from interviews with students at South East Essex College I explore why young people might take up further education or a particular course of study. This gives the opportunity to analyse whether transitions have become more individualised, which is the position argued by the likes of Beck



(1992) and Giddens (1991). These authors assert that in contemporary societies like Britain, transitions are no longer formalised along class and gender lines. Transitions involve risk and opportunity and as such, the life course might have become an individual negotiation of choices. Transitions, Giddens asserts, only occur when 'reflexively justifiable' (Giddens 1991: 146). To further examine notions of risk and individualisation, I present mini case histories, based on two of the interviewees, Megan and Samantha. Megan followed what I call a linear trajectory from school and did not have any problems negotiating her way into further education. Samantha on the other hand experienced a very disjointed and certainly non-traditional pathway from school and her account gives further credence to the idea that transitions can in some circumstances become highly reflexive.

This chapter provides the background for some of the analysis in Chapters 10 and 12. In Chapter 10 transitions are analysed in respect of their association with the well-being status of young adults. Chapter 12 considers how this period of change in the life course is related to the diet of young people in Britain and whether this relationship is mediated by levels of well-being.

### ***9.1 Participation in post-compulsory education***

Table 9.1 shows that three quarters of 16 year olds, two thirds of 17 year olds and over 4 in ten 18 year olds in both the HSFE and BHPS were studying full time. A much lower proportion of 19-21 year olds, and in particular, 22-24 year olds were in full time education, compared with the younger youth. About a third of the 19 and 20 year olds in the BHPS and HSFE were full time students and 22% of 21 year olds in the HSFE. By age 22, only 13% were still in full time education, reducing further, to just 5% of 23 year olds and 5% of 24 year olds. The figures on post-compulsory education in the HSFE and the BHPS were remarkably similar. It would perhaps be expected that the differences in study design would produce different results. For example, the BHPS is a longitudinal panel survey and it is important that interviewers make a concerted effort to follow-up all young people in the panel so that each wave of data does not suffer excessively from attrition. The HSFE is a cross-sectional survey of households and it is less likely that the interviewer would return on several occasions to



collect information from young people who are not available when other household members have already been interviewed.

**Table 9.1 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were participating in full time post-compulsory education, by age (row %)**

Age	HSFE 1998			BHPS 1999		
	FT student		Total	FT student		Total
	n	%		n	%	
16	177	(76)	232 (100)	98	(76)	129 (100)
17	146	(64)	227 (100)	67	(61)	110 (100)
18	97	(43)	225 (100)	48	(45)	107 (100)
19	54	(28)	192 (100)	40	(30)	133 (100)
20	52	(28)	187 (100)	39	(36)	109 (100)
21	39	(22)	181 (100)	-	-	-
22	22	(13)	175 (100)	-	-	-
23	13	(5)	204 (100)	-	-	-
24	13	(5)	252 (100)	-	-	-
All	613	(33)	1875 (100)***	292	(50)	588 (100)***

Excluded cases: 6 (<1%) cases excluded from the HSFE and 5 (<1%) cases from the BHPS because of missing data on the student status variable

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Participation in full time education by age: HSFE  $\chi^2$  512.00(8),  $p<0.001$ , BHPS  $\chi^2$  71.01(4),  $p<0.001$

### 9.1.1 Gender differentiation in tertiary education participation

At ages 16-18 in the BHPS and ages 19-20 in the HSFE, women were more likely than men were to be participating in post-compulsory education (Table 9.2). Sixty-nine percent of women aged 16-18 in the BHPS were full time students compared with 55% of men. At ages 19-20, 32% of women in the HSFE were students compared with 23% of men. There were some differences between the two surveys, when the analysis was split by gender. Men aged 19-20 in the HSFE were less likely to be students than were men of these ages in the BHPS (Table 9.2). The reason for this is not clear although it could be associated with socio-economic differences between the men in each survey; this is discussed in the next section.



**Table 9.2 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were participating in full time post-compulsory education, by age group and gender (row %)**

		HSFE 1998						BHPS 1999					
Age group	Gender	FTS#		Other		Total		FTS#		Other		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
16-18	Female	223	(60)	133	(37)	356	(100)	118	(69)	54	(31)	172	(100)
	Male	197	(60)	131	(40)	328	(100)	95	(55)	79	(45)	174	(100)
	All	420	(61)	264	(39)	684	(100)	213	(62)	133	(38)	346	(100)**
19-20	Female	63	(32)	132	(68)	195	(100)	41	(34)	79	(66)	120	(100)
	Male	43	(23)	141	(77)	184	(100)	38	(31)	84	(69)	122	(100)
	All	106	(28)	273	(72)	379	(100)	79	(33)	163	(67)	242	(100)
21-22	Female	39	(19)	170	(81)	209	(100)	-	-	-	-	-	-
	Male	22	(15)	125	(85)	147	(100)	-	-	-	-	-	-
	All	61	(17)	295	(83)	356	(100)	-	-	-	-	-	-
23-24	Female	12	(5)	232	(95)	244	(100)	-	-	-	-	-	-
	Male	14	(7)	198	(93)	212	(100)	-	-	-	-	-	-
	All	26	(6)	430	(94)	456	(100)	-	-	-	-	-	-

Excluded cases: 6 (<1%) cases are excluded from the HSFE and 5 (<1%) cases from the BHPS because of missing data on the student status variable

# Full Time Student

Significance of difference in distribution (Pearson chi-squared statistic):

\*\* Participation in full time education by gender, 16-18s only: BHPS  $\chi^2$  7.17(1), p<0.01

### 9.1.2 Socio-economic status and participation in post-16 education

In my analysis of the HSFE and BHPS, I used a measure of household resources<sup>1</sup> as an indicator of socio-economic status (SES). In the analysis I put young people who were not living at home in a separate category ('other' SES) because their SES was based on their own income, car access and housing tenure, rather than that of their parents. In the HSFE, a fairly large proportion of young people did not have an indicator of SES derived (see Chapter 5, Section 5.5.3) but I have included this group in the analysis ('missing' SES).

The analysis suggested that socio-economic status was associated with whether young people were participating in full time education when they were aged 16-18 (Table 9.3). Youth in the HSFE who were aged 16-18 and from a family with a high SES were more likely than were their peers from families with a low SES to be participating full time in further education ( $\chi^2$  5.26(1), p<0.05).

<sup>1</sup> Based on tenure, car use and equivalised household income. See Chapter 4, Section 4.8.3 for further details.



A similar picture emerged from the BHPS data on 16-18 year olds ( $\chi^2$  14.95(1),  $p < 0.001$ ).

It was also notable that young people in the HSFE aged 16-18 who had left home (i.e. coded as 'other' SES) were much less likely to be students than their peers living at home (Table 9.3). Only 19% of this group were students, compared, for example, with 58% of young people from families with a low SES (who were living at home). Young people who are not able, for whatever reason, to live at home and are not participating in further education could be particularly disadvantaged. Youth aged 16-18 are not eligible for many state benefits until they reach 18, and even then these are paid at a reduced rate (Jones and Bell 2000). Not having the support of family could compound this disadvantage.

Table 9.3 also shows that two thirds of the young people aged 16-18 in the HSFE who were missing on the SES indicator were students. This is a much higher proportion than shown for the other age groups and omitting these students from the main SES categories could therefore have biased the findings discussed above.

There was no difference by socio-economic status in the proportion of 19 and 20 year olds who were full time students (Table 9.3). Young people aged 21-24 were however more likely to be students if they were from a family with a low SES, compared with their peers from families with a high SES ( $\chi^2$  4.12(1),  $p < 0.05$ ). This implies that students from the least advantaged families remain living with their parent/s whilst in FE and HE. Young people from lower socio-economic backgrounds are perhaps more likely to attend an FE college close to home and after 1 or 2 years, go into employment. Young people from higher social class families on the other hand, may be more likely to study A-levels and then leave home to go to university. Young people from less well-off families may also be restricted to choosing degree courses offered at a university close to their parental home, so that they, or their parents, do not have to meet the cost of term-time accommodation.

There were some differences between the surveys. Three quarters of young people aged 16-18 in the HSFE who were from families with a high SES were

students compared with 65% in the BHPS; at age 19-20 the situation was reversed. Twenty-nine percent of young people in the BHPS who were from families with a high SES were students compared with 18% of those in the HSFE. These differences were not apparent for young people from families with a low SES. The reason for this is not clear.

So the quantitative findings suggest that socio-economic status is associated with rates of participation in full time tertiary education. These results are perhaps affected by the missing data in the HSFE, although the BHPS was not affected in this way and the findings were similar between the surveys. The findings discussed in this chapter so far seem to suggest that gender and social structures underlie educational transitions. The multivariate analyses presented in Chapters 10 and 12 will help to draw further conclusions. The qualitative data provides further insight into young people's transitions into further education, and an opportunity to examine how individualised the route into FE might have become.



**Table 9.3 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether participating in full time post-compulsory education by socio-economic status and age group (row %)**

Socio-economic status and age group	HSFE 1998			BHPS 1999		
	Full time student n %	Other n %	Total n %	Full time student n %	Other n %	Total n %
<b>16-18:</b>						
High	134 (75)	44 (25)	178 (100)	80 (65)	44 (36)	124 (100)
Medium	115 (60)	76 (40)	191 (100)	84 (65)	45 (35)	129 (100)
Low	99 (58)	71 (42)	170 (100)	38 (53)	34 (47)	72 (100)
Other SES\$	8 (19)	35 (81)	43 (100)	10 (50)	10 (50)	20 (100)
Missing SES	64 (63)	38 (37)	102 (100)			
All	420 (61)	264 (39)	684 (100)***	212 (61)	133 (39)	345 (100)
<b>19-20:</b>						
High	11 (18)	52 (83)	63 (100)	24 (29)	58 (71)	82 (100)
Medium	20 (23)	69 (78)	89 (100)	18 (25)	53 (75)	71 (100)
Low	13 (25)	39 (75)	52 (100)	9 (31)	20 (69)	29 (100)
Other SES\$	33 (34)	65 (66)	98 (100)	28 (48)	31 (53)	59 (100)
Missing SES	29 (38)	48 (62)	77 (100)			
All	106 (28)	273 (72)	379 (100)*	79 (33)	162 (67)	241 (100)*
<b>21-24:</b>						
High	6 (5)	110 (95)	116 (100)	-	-	-
Medium	7 (8)	84 (92)	91 (100)	-	-	-
Low	9 (14)	54 (86)	63 (100)	-	-	-
Other SES\$	29 (7)	369 (93)	398 (100)			
Missing SES	36 (25)	108 (75)	144 (100)			
All	87 (11)	725 (89)	812 (100)***	-	-	-

Excluded cases: HSFE: 2 (<1%) cases excluded because of missing data on the SES or the student status variable. In the BHPS, 7 (1%) cases excluded because of missing data on the student status variable or missing data on the SES indicator

\$ The young people in this group are not living with their parents and therefore SES was based on their own household resources

Significance of difference in distribution (Pearson chi-squared statistic): Participation in full time education by SES, HSFE: \*\*\*16-18:  $\chi^2$  48.61(4), p<0.001, \*19-20:  $\chi^2$  10.19(4), p<0.05, \*\*\*21-24:  $\chi^2$  41.04(4), p<0.001, BHPS: \*19-20:  $\chi^2$  8.05(3), p<0.05

### 9.1.3 Choosing to study

All of the young people in the qualitative study were studying for further education qualifications, which reflects the selection of the sample. Two thirds had already decided that they would not go on to higher education after their course ended. Most of those who had started at the college by age 19 chose that institution because it was one of the closest to where they lived, coupled with the range and type of courses on offer. A handful of interviewees chose the college despite its distance from where they lived and the proximity of other post-16 education providers. Amelia for example, specifically wanted to get away from the crowd she had grown up with and she was determined to achieve this goal, despite the practical obstacles involved:

Wendy: "does it take ages [to get to college]?"

Amelia: "yep! [The trains are] getting back okay now, but it used to take me like 3 hours to get here, and 3 hours to get back again"

Wendy: "is this the nearest college to [where you live]?"

Amelia: "there is a 6th form there, but because I'm taking a course [not A levels] I couldn't [go there]"

Wendy: "why did you decide to do this course and not A levels?"

Amelia: "well I don't know really, I wanted, I dunno, I wanted to make new friends, because I got in a rut with people in [town] and dad said if you're going to do A levels you have to stay in [town] because it's the closest [college] and I went No! I don't want to stay here so I looked up some courses and found this one. And because I'm interested in science anyway...it's a two year course"

[Female, aged 17]

The extract above from the interview with Amelia, demonstrates that if routes into further and higher education are still associated with gender and social structures, some degree of individualisation is sometimes also present. Amelia's parents, both in skilled manual jobs, did not want her to go to university, and wanted her to get college 'out of the way' and to get a job at 18. Amelia however wanted to go on to study at university, and therefore her own route was becoming individualised in order for her to move along this trajectory. Amelia's



parents were not the only ones who, not having any experience of tertiary level education themselves, were not supportive of their children's educational choices post-16. This is discussed further in Chapter 13.

Very few of the young adults interviewed particularly those aged 16-18, spoke of being determined to follow a specific route, or achieve a specific goal. It was more common to choose a course because it reflected interests and attainment at GCSE level. It was quite rare for interviewees to mention that they chose a particular course to help them reach a career goal<sup>2</sup>. The older respondents, those aged 19+, had all come to the college via a more extended route. Some had started A-levels after school, but for one reason or another, including family illness, family disruption and pregnancy, they had not completed them. In a minority of cases, older youth had started jobs with few qualifications and then realised that they wanted to follow a different career path and so had returned to education to bring about this change. Choosing to return to education after an extended period away illustrates that pathways from school are not uni-directional and non-reversible and therefore they are sometimes as Giddens (1991) says, reflexive. This flexibility has only featured predominantly in young peoples' transitions in the last ten or twenty years (Bynner 2001). It is of considerable benefit to the young adults who take advantage of it. Taking advantage of this flexibility seems a highly subjective action, rather than being down to the structural parameters of gender and class. Times during the life course when young people are standing at a crossroads and can negotiate their way back into full-time education are what Giddens calls 'fateful moments' (1991: 113). At these critical times an individual has to be aware of and consider the implications of any decision, and then decide whether to take the 'risk'.

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<sup>2</sup> Except the students studying for animal science qualifications, who all knew that they wanted to work in this area.



As young people increasingly take advantage of the flexibility of the routes into and out of education, and in particular, if entry into FE and HE increasingly occurs at a later age, then the more individualised the process will perhaps become. The qualitative data are discussed further in terms of risk and individualisation in Section 9.3.

This chapter now turns to look at the BHPS and HSFE data on the proportion of young people in full time work and those who were not in education, employment or training (NEET) and I analyse whether these episodes are associated with gender and socio-economic status.

### ***9.2 Entry into the labour market and economic inactivity***

A fair proportion of young people were already in full time employment when aged 16-18 (Table 9.4). Twenty seven percent of young people in the HSFE and 31% of those in the BHPS were in full time work at ages 16-18. The proportion in work increased, as would be expected, with age. At ages 19-20 well over half of young people in both of the surveys analysed had full time employment. This increased to 62% of 21-22 year olds and 72% of 23-24 year olds. The proportion in work was similar between the two surveys.

The term NEET is a phrase coined to classify young people who are not in education, employment or training, and so this includes the unemployed, those with full time family responsibilities, the long term sick and others with no full time economic activity. Being NEET is thought to be associated with poorer life chances, as I discussed in Chapter 2. At age 16-18, 12% of young people in the HSFE and 8% of those in the BHPS were NEET (Table 9.4). This proportion rose with age. At age 19-20, 16% of youth in the HSFE and 11% of their peers in the BHPS were not in education, employment or training. About 1 in 5 young people were NEET at ages 21-22 and 23-24. These proportions are quite substantial given that these cohorts of young people grew up in the 1980s and were leaving school in the 1990s, when there was a concerted effort by government to encourage the young unemployed and those who were economically inactive to take up work or a place on a training scheme. More young people were classified as being NEET in the 1998 HSFE than in the BHPS in 1999. This could reflect the 'success' of the New Deal for Young People



scheme, which was made compulsory for the young long-term unemployed after its introduction in 1998.

### 9.2.1 Men, women and work

There was a clear gender differential evident in the data, with more men being in full time employment than women at all ages except 23-24 year olds, though there were differences between the surveys (Table 9.4). At 16-18, 37% of young men in the BHPS were in work compared with 24% of young women ( $\chi^2$  5.43(1),  $p < 0.05$ ). The difference between men and women at age 16-18 was not significantly different in the HSFE. At age 19-20 65% of young men in the HSFE were in work compared with only 48% of women ( $\chi^2$  3.42(1),  $p < 0.10$ ) but the gender gap was not significant for this age group in the BHPS. Young men aged 21 and 22 were also more likely than were women to be in full time employment or training ( $\chi^2$  17.87(1),  $p < 0.001$ ). Higher numbers of women participating in further and higher education at some ages can only partly explain these differences. Unemployment is reported to affect young men more than young women (Furlong and Cartmel 1997) but women are more likely to be economically inactive than are young men (Payne 2000). This is because of the gender bias among those caring for family (women are more likely to stay at home with children) but it could also indicate the ease with which women shift from being unemployed to being economically inactive (Theodossiou 1998).

Between the ages of 19 and 24 women in the HSFE were more likely to be NEET than were men (Table 9.4). At age 16-18, women were no more likely to be NEET than were men in either survey and the differences at age 19-20 in the BHPS are likely to be down to random error. At ages 19-20, 20% of women in the HSFE but only 11% of men were NEET ( $\chi^2$  5.40(1),  $p < 0.05$ ). At ages 21-22, 23% of women were not in education, employment or training compared with 17% of men respectively ( $\chi^2$  18.49(1),  $p < 0.001$ ) and the gap was even greater at ages 23-24 ( $\chi^2$  22.09(1),  $p < 0.001$ ). So rates of employment and being NEET were strongly gendered, but are work, unemployment and economic inactivity still embedded along socio-economic lines?

**Table 9.4 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were in work or NEET, by gender and age group (row %)**

		HSFE 1998					BHPS 1999										
Age group	Gender	Work#		NEET\$		Other		Total		Work#		NEET\$		Other		Total	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
16-18	Female	86	(24)	47	(13)	223	(63)	356	(100)	41	(24)	13	(8)	118	(69)	172	(100)
	Male	98	(30)	33	(10)	197	(60)	328	(100)	65	(37)	14	(8)	95	(55)	174	(100)
	All	184	(27)	80	(12)	420	(61)	684	(100)	106	(31)	27	(8)	213	(62)	346	(100)*
19-20	Female	93	(48)	39	(20)	63	(32)	195	(100)	62	(52)	17	(14)	41	(34)	120	(100)
	Male	120	(65)	21	(11)	43	(23)	184	(100)	74	(61)	10	(8)	38	(31)	122	(100)
	All	213	(56)	60	(16)	106	(28)	379	(100)**	136	(56)	27	(11)	79	(33)	242	(100)
21-22	Female	122	(58)	48	(23)	39	(19)	209	(100)	-	-	-	-	-	-	-	-
	Male	100	(68)	25	(17)	22	(15)	147	(100)	-	-	-	-	-	-	-	-
	All	222	(62)	73	(21)	61	(17)	356	(100)	-	-	-	-	-	-	-	-
23-24	Female	162	(66)	70	(29)	12	(5)	244	(100)	-	-	-	-	-	-	-	-
	Male	167	(79)	31	(15)	14	(7)	212	(100)	-	-	-	-	-	-	-	-
	All	329	(72)	101	(22)	26	(6)	456	(100)**	-	-	-	-	-	-	-	-

Excluded cases: 6 (<1%) cases are excluded from the HSFE and 5 (<1%) cases from the BHPS because of missing data on the student status variable  
 # full time employment or training \$ not in education, employment or training  
 Significance of difference in distribution (Pearson chi-squared statistic):

\*\* Proportion in work or 'NEET' by gender, 19-20 year olds: HSFE  $\chi^2$  12.29(2), p<0.01, 23-24 year olds: HSFE  $\chi^2$  13.11(2), p<0.01

\* Proportion in work or 'NEET' by gender, 16-18 year olds: BHPS  $\chi^2$  7.94(2), p<0.05



### 9.2.2 Socio-economic status, work and being NEET

Analysis of the HSFE data showed that young people living in families with the lowest socio-economic status were less likely to be in full time employment than were young people from families with a high SES (Table 9.5). Fifty five percent of young people in the HSFE from families with a high SES were in full time work compared with 40% of those from families with the lowest resources ( $\chi^2$  6.68(1),  $p < 0.05$ ). SES had no association with the proportion in work in the BHPS, which is perhaps because of the more narrow age range of the sample.

There was an even greater difference in socio-economic status for young people who were NEET (Table 9.5). Eighteen percent of young people from the most disadvantaged families in the HSFE were NEET compared with 8% of those from families with medium resources and just 3% from families with a high SES ( $\chi^2$  39.86(2),  $p < 0.001$ ). In the BHPS there was a difference in the proportion who were NEET between families with the highest and lowest SES ( $\chi^2$  13.85(1),  $p < 0.001$ ). Another notable finding was that young people who were no longer living at home (shown as 'other SES' in Table 9.5) were considerably more likely to be NEET than their peers living at home. Thirty two percent of these youth in the HSFE and 24% in the BHPS were NEET at the time they were questioned. In Section 9.1.2 I reported that young people aged 16-18 who were not living at home were less likely to be students than their peers, so it would seem that these youth who are living away from home are particularly marginalised in terms of educational and work situations. Whether they also have worse well-being and eating habits are issues addressed in Chapters 10 and 12. The circumstances under which these young people left home are of course unknown therefore it is not possible to conclude whether difficult conditions at home preceded these individuals becoming NEET and not in full time education.

Table 9.5 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were in work or NEET, by socio-economic status (row %)

Socio-economic status	HSFE 1998				BHPS 1999			
	Work#	NEET‡	Other	Total	Work#	NEET‡	Other	Total
	n %	n %	n %	n %	n %	n %	n %	n %
High	195 (55)	11 (3)	151 (42)	357 (100)	94 (46)	8 (4)	104 (51)	206 (100)
Medium	200 (54)	29 (8)	142 (38)	371 (100)	88 (44)	10 (5)	102 (51)	200 (100)
Low	113 (40)	51 (18)	121 (43)	285 (100)	37 (37)	17 (17)	47 (47)	101 (100)
Other SES	295 (55)	174 (32)	70 (13)	539 (100)	22 (28)	19 (24)	38 (48)	79 (100)
Missing SES	145 (45)	49 (15)	129 (40)	323 (100)	-	-	-	-
All	948 (51)	314 (17)	613 (33)	1875 (100)***	241 (41)	54 (9)	291 (50)	586 (100)***

Excluded cases: HSFE: 6 (<1%) of cases excluded because of missing data on the SES indicator or on the student status variable. In the BHPS, 7 (1%) cases excluded because of missing data on the student status variable or the SES indicator  
 # full time employment or training    ‡ not in education, employment or training  
 Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Numbers in work or 'NEET' by SES: HSFE  $\chi^2$  239.59(8), p<0.001

\*\*\* Numbers in work or 'NEET' by SES: BHPS  $\chi^2$  41.08(6), p<0.001



### ***9.3 Individual trajectories from school to further education***

I now present two mini case studies to further examine exactly how young people experience the transition from school into further education. I have chosen to discuss Megan and Samantha because their trajectories from the time they were 16 were very different in terms of how smoothly they moved from the school environment into college. 'Smooth' transitions are not necessarily more 'successful' transitions of course but they help illustrate the different routes that young people come into further education by and some of the pertinent factors associated with this event. This gives an opportunity to further assess whether transitions are individualised or are still determined by socio-economic status.

#### **9.3.1 Megan: Linear trajectory from school to college**

Megan was 19 years old when I interviewed her and she lived with her mother, father and older brother. Her brother had returned home after graduating from university and was currently unemployed. Both of Megan's parents worked in professional occupations in the education sector. Megan was fairly typical of the majority of interviewees, in that her transition out of school, straight into further education was quite straightforward. When I interviewed Megan she was coming to the end of her 2-year BTEC beauty therapy course, which she had started following an initial foundation year. Her attitude was typical of those young people who did not worry about, or become anxious during the transition from school and this appeared to be strongly related to the amount of support that Megan received from her family. Although Megan did not know what she wanted to do at college initially, she received a great deal of support from her parents and she felt confident that if she chose the 'wrong' course she could change direction with their backing. The benefits of support like this are discussed much more in Chapters 10-12.

Wendy: "and why did you do this course, was this what you specifically wanted to do?"

Megan: "no, not at all. I did it because I didn't know what else to do. But I did just fall in love with it, and decide to do it, yeah"

Wendy: "so how come you did an extra year?"

Megan: "I didn't get the right grades to do the course that I'm doing



now. So I'll get there eventually, and I don't think it did me any harm, I don't really think about it to be honest, I just got on and did it really"

Half of the young people interviewed, including Megan, had had the same part-time job for some time. Megan had worked in a local pub 2 evenings a week for almost 3 years, although she was sometimes called in to work extra hours during the day, which she did not mind doing because she appreciated the extra money. Despite her laid-back attitude to completing college work, she was mindful of the need to balance the number of hours in paid work with college work so that she did not become too tired. When she was unable to work enough hours at the pub to meet her monthly expenses (she owed a considerable amount on her credit card), her parents gave her money to help her out. This occurred fairly regularly.

Megan had decided not to go on to university, because she felt that there were no courses that she would enjoy or benefit from. She had decided to travel with her boyfriend, and to look for casual bar work abroad for at least two years, before coming back and pursuing a career. She was not concerned about not using her BTEC qualification, although she had obviously given this some thought:

Wendy: "so you wouldn't be bothered if you didn't do anything in beauty, when you are away?"

Megan: "no, that's why I think I'll do 6 months here [now], then at least I've got a bit of experience, for when I come back. And this place that I'm [going to get] experience in, is one of the best places to get experience in, so if I did come back and work here, they're going to be, oh all right then. And I don't think employers see travelling as a bad thing, as well really, and also [beauty] salons do look for people that are a bit older as well. So if I do spend a couple of years before I come back, I'll be about 24 [sic]"

Megan's parents were happy that she wanted to travel before settling down in her career and there was a definite sense that life for Megan since school had



not been 'risky'. She had made a smooth transition from school to further education and found a course that she enjoyed. Now that was coming to an end she was going to travel and all of these decisions were firmly backed and quietly encouraged by her parents. Whether Megan's transitions were associated with her socio-economic background was difficult to determine. If 'traditional' roles still dominate then surely Megan's middle class parents, who had both experienced university themselves would push her to go onto higher education? The fact that they were happy for her to travel and then get a job in the beauty industry perhaps indicates a degree of individualisation; Megan was forging her own route to adulthood. Giddens' (1991) argument about ontological security seems particularly relevant here. Young people who have a strong connection to their family are less likely to feel anxious about the future and are therefore more likely to 'step outside' traditional boundaries.

The 'opposite' to young people like Megan were those young people who had experienced spells of full time employment, unemployment and economic inactivity before finding their way back to post-compulsory education. Samantha was one of the older interviewees; she was 24 when I interviewed her. Her case history gives a chance to see how a non-traditional trajectory might 'start' at 16 and how it progresses over a period of 8 years.

### **9.3.2 Samantha: Non-traditional trajectory**

When I interviewed her, Samantha lived with her husband and worked full time whilst studying part-time two evenings a week on an Access to Higher Education course. Samantha was unusual in that she went straight into full-time employment when she left school at 16. She had aspirations to be a physiotherapist when she was at school and got good enough GCSE grades to pursue this career. However, this route was blocked because an argument with her father meant that Samantha left home when she was 16, shortly after leaving school. This meant that she had to get a job to support herself. She worked as a care assistant for 2 years until a work-related incident forced her to go on extended sick leave. Her mental health suffered quite badly and Samantha was unable to work for about a year. She eventually started doing poorly paid cleaning work in order to build her confidence and provide an income. This



period coincided with a deterioration in her relationship with her family, ending in permanent estrangement.

A temporary office job when she was 19 boosted Samantha's confidence and was a 'critical moment' (Thompson et al 2002) in her work and personal trajectory. She had also got married by this time although she admitted that her family's rejection of her meant she found it difficult to accept her husband's support for the first 2 years of marriage. The fact that he stood by her though was enormously important in terms of Samantha feeling able to take the risk and leave her office job to start working in the local hospital, a move designed to help her pursue her original goal of being a physiotherapist. When she finishes her Access course she intends to study part time at university.

Samantha: "I got a temporary job...and I think that boosted my ego. The fact that I managed to get into an office job, which obviously from cleaning, it's a step up the career ladder. And I didn't see myself always being a cleaner! There was hope. So I was about 19, then when I was 20 I started working at this place as a receptionist. And I got on with people there...they accepted me, for being me. And it brought me out of myself, especially on reception, where you have to talk to people"

Wendy: "so it was a fresh start?"

Samantha: "yeah. It was a second chance. And in those 3 years I started being me I suppose. I had a real downer sometimes about my weight, I was fat, I was ugly, but I got to a point, and I thought, I can do this, I can be someone else, I can be me, rather than some depressive, sitting in the corner"

Wendy: "so you feel you can achieve things now?"

Samantha: "yeah, and that boosted my confidence enough and I thought, when I was at school I had this ambition to do physiotherapy. I did it for 3 weeks Trident [work experience] and it's the job I gave my heart to, and I got all the grades for it and everything"

Wendy: "so why did you not continue at the time? I know you had the set back [when you became ill]..."

Samantha: "well that knocked me, it was a confidence knock. What with that, and the constant put downs [by her family], and I thought I can't do it.



I thought what chance have I got to go to university. I just pulled myself out of it. Once I reached my twenties I thought get over it, get on with your life"

Samantha's parents were working class; her mother did not work when Samantha was at school and her father was a skilled manual worker. Therefore it could be concluded that Samantha had a difficult time after leaving school because of her social background. However I think Samantha's trajectory became increasingly individualised in the years following leaving home. She could have stayed in poorly paid work or even remained NEET because of her mental health problems. But she became quite determined as her confidence grew to do something more with her life and when I met her, her tenacity and enthusiasm for the maxim that 'life is what you make it' were very apparent. Unlike Megan, Samantha had no ontological security derived from close family relationships. However her strong relationship with her husband did provide some security which she was able to capitalise on as her well-being improved. It is possible that the more adverse conditions that young people face the more important personal agency becomes. For these young people routes from adolescence to adulthood are highly individualised in spite of the social constraints that they face.

#### ***9.4 Conclusion***

The analyses presented in Chapters 10 and 12 take young people's educational and economic positions as their basis. It was therefore important to determine what proportion of young people participate in tertiary education and how many are in full time employment or are experiencing a spell of being NEET. Whether these events were associated with gender and socio-economic status were important considerations because if strongly polarised along these lines then post-school trajectories may not be dependent on young people's own strengths or well-being.

The quantitative analyses have suggested that about three-quarters of 16 year olds participate in post-compulsory education, decreasing to about a quarter by age 20-21 and 5% by age 24. Women were as likely as men were to be full time students and there was some suggestion that at age 16-18 and 19-20 women



were more likely than were men to participate in further and higher education. The analyses also suggested that engaging in tertiary education was associated with socio-economic status. Young people aged 16-18 were more likely to be students if they were from a family with a high socio-economic status whereas students aged 21-24 who were living at home were more likely to be students if they were from a family with a low socio-economic status.

Being in full time work and more especially, being NEET were strongly associated with both gender and socio-economic status. Young women aged 16-22 were less likely than were men to be in full time work and training but they were more likely to be NEET. Young people were also more likely to be NEET if they were from a family with a low socio-economic background. Being disadvantaged early in life, in terms of family resources and then not being able to participate in education or work could be associated with young people's well-being and eating habits. These issues are considered in Chapters 10 and 12.

So there is strong evidence that work and being NEET are still associated with the 'traditional' parameters of gender and socio-economic status. However, the case studies included in this chapter have also suggested that young people constrained by their social background do not necessarily continue on a different trajectory to their peers from better off families. Samantha got off to a shaky start after leaving school because she had to leave home and get a job. Poor health and an unsupportive family meant that she struggled in temporary and often poorly paid work for some time. But she managed to overcome her difficulties and get better employment which gave her the confidence to return to further education with a view to studying for a degree. Samantha's route from school became increasingly individualised as she got older and was not enmeshed by her social background. It was more difficult to conclude whether Megan's trajectory was reflexive or a product of her middle class upbringing. It was however clear that the security that comes from supportive parents was closely associated with the way that Megan calmly coped with decisions about her future. Parental support is an area that is discussed extensively in Chapter 10 and again in Chapters 11 and 12. Combining the analysis of quantitative and qualitative data has greatly increased the feasibility of looking at structural and



individualised pathways behind contemporary transitions and I will discuss these benefits further in Chapter 13.

Young people exist within their educational and economic contexts and therefore the transition events discussed in this chapter provide the context for the analysis of young people's well-being, which is the focus of Chapter 10. I have discussed in this chapter the differences in terms of gender and the socio-economic status of young people who are NEET. It will therefore be particularly important to examine whether these youth differ in terms of well-being, or whether gender and SES are more important determinates of emotional, social, mental and physical well-being. In Chapter 2 I reported that little is known about how young people participating in tertiary education differ in well-being from their peers in work and this is something that is also considered in Chapter 10.

## CHAPTER 10

### A Sense of Well-being

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In the last chapter I discussed young people's positions in terms of participation in tertiary education, employment and being outside employment, education and training (NEET) and whether these events were associated with socio-economic status and gender. The aim of this chapter is to describe and analyse young people's well-being but to set this analysis firmly within these educational and economic contexts. It was apparent when analysing the qualitative data from interviews with young people at South East Essex College that the findings on well-being *were* inextricably linked to the changes that young people were facing at the time; adapting to college life, changes in relationships with parents and peers for example.

Having a good sense of well-being is about experiencing positive health. This is a holistic state, encompassing several different dimensions and some of these were discussed in Chapter 1. In this thesis I consider perceived social support as an indicator of social well-being; being happy and satisfied with life as evidence of good emotional well-being; mental well-being is assessed in the quantitative data by looking at 2 standardised instruments, the GHQ12 and the SF36 mental health dimension. Not being classified as a GHQ case and having a high score on the SF36 are taken as indicators of good mental well-being. In the qualitative data I look at self-esteem and young people's 'locus of control'. Finally, physical/general well-being is assessed using measures of self-reported health and also a measure of energy and vitality. Details on all of the indicators used can be found in Chapters 4 and 5.

I analyse data on young people aged 16-20 from the 1999 British Household Panel Survey (BHPS) and young people aged 16-24 from the 1998 Health Survey for England (HSFE). This is complemented by data from interviews with young adults at college thereby providing an account of how well-being was associated with age and gender, and also the relationship with whether young people were participating in further or higher education, were in full time employment or training or were NEET.



### ***10.1 The importance of perceived social support***

In the qualitative interviews, the most talked about, referred to and important aspect of well-being that came across was that of social support. Perceived support was much more important than received support - whether the young person felt supported, rather than whether they actually were supported. Cooper et al (1999) have suggested that perceived and received support are not necessarily related. Young people can feel uncared for by their parents for example, despite receiving countless offers of practical help.

#### **10.1.1 Whom can young people count on?**

Family (parents mainly, but also siblings, grandparents, aunts, uncles and other extended family members) and peers (friends, boyfriends and husbands<sup>1</sup>) were responsible for much of the perceived social support reported by the young people in the study.

Perceived parental support was overwhelmingly more important to the young people in the qualitative study than peer support was. Peer support overshadowed parental support in terms of significance only when an intimate relationship became 'permanent' and settled, after several years of marriage for example. Peer support could however complement already high levels of family support. For example, finding a boyfriend that was very supportive boosted overall perceived support if parental support was also available. If parental support was not forthcoming, the support from a new boyfriend did little to improve social well-being overall. This is at odds with the literature on the relative unimportance of parental support for young people. This is discussed in Chapter 13.

There was no doubt though that having friends was an important part of growing up for the young people I interviewed. Leaving school and starting college put a strain on peer networks, which some young people found very difficult to cope with and it was this that affected whether young people felt supported.

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<sup>1</sup> none of the men I interviewed had partners, therefore this was not an area of perceived support for them

Wendy: "even though you haven't got many friends around you, do you feel supported by other people?"

Lorna: "mm, not really. Cause they've all got their own thing. Like my friend in my class, she's got her boyfriend up here, and when we go to town, it's us 3 and I feel a bit left out, and then my friend who left work, when she was at work we used to be quite chummy, we still see each other, but she's got her new friends at her new workplace, and then my boyfriend's sister's got a boyfriend down here, and like my other friends have gone to uni and I hardly ever see them. But I get on with it!"

[Female, aged 18]

Some young people did not think they would ever find new friends they could rely on, although most seemed to accept that old friends would not keep in touch if they followed different paths after the end of school. There were also instances when young people continued to be friends with people who did not offer support consistently, which often had worse consequences than not having any friends at all. Losing peer support always resulted in feelings of isolation and rejection for the young people in the current study, which was especially damaging for those who did not have adequate parental support.

During the analysis, I classified the young people who I interviewed as having good, shaky or poor perceived social support. The differences between these levels of support are now described.

### **10.1.2 Levels of perceived social support**

Young people with good perceived support felt that this was received unconditionally, something that was just 'there' for them, to use whenever they needed it, and this was generally a comforting thought.

Wendy: "are [your parents] quite encouraging?"

Carol: "yeah, you need that I think. There's so many things in life that are going to knock you back so you've got to have someone in life to push you forward. I can't say I've had any knock backs yet"

[Female, aged 19+]



Feeling that support could be taken away or refused at any time was very confusing for young people, regardless of whether this was connected to parents or peers and I classified this as having 'shaky' perceived social support. The effect on well-being of this type of social support was more serious than having almost no social support at all. In some cases, this shaky support was associated with having a mother who perceived she did not have adequate social support herself, from her spouse and also from friends. It seemed that once these mothers saw their children doing 'grown up' things, they experienced jealousy and therefore withdrew their support on occasion to try to force the young person to be supportive of them.

Charlotte: "[...] But then I did meet somebody who I really did like. And my mum was hurt, maybe she thought he was on her turf, and we did argue, and we didn't talk. We did talk, but we argued a LOT. So things like that, men, I suppose have been the reason why we argued. Before men, we never even rowed"

[Female, aged 19+]

When the young adults interviewed reported having very poor perceived social support from both parents and peers, there was a noticeable difference in their attitude to social relationships in general. They believed that it was a sign of weakness to ask for help from someone they knew, and that it was better to sort out problems for oneself. In reality, these young people did not have anyone they could ask for help, because they had no friends to turn to, and parental support was felt not to be available, therefore this justification was often covering up the real situation. Without exception young people with very poor support felt lonely and isolated.

Wendy: "so who do you count on for support, who's really there?"

Michael: "[long silence] it's hard to say. Because I really don't put that sort of pressure on my friends at all. Most of the time I wouldn't go up to them and say what's wrong. I suppose my dad really. If anything goes majorly wrong I'd go and talk to him. He's normally quite a wise person and he'll help me out. But I don't overbear any problems on him, most of the time I keep them to myself and try and work them out myself. Rather



than give lots of problems to everyone else. I also think, I wouldn't like to give my problems to everyone else, because they've got their own problems to deal with [...]"

[Male, aged 17]

So young people perceived they were supported in different ways and this was associated with different attitudes to social relationships. The period of change that they were experiencing really tested young people's perceptions of support. Next I consider whether perceived social support is associated with gender and age, using data from the BHPS and the HSFE.

### **10.1.3 Gender, age and perceived social support**

The conceptual difference between the perceived social support variables in each of the quantitative surveys (in the HSFE the variable measures lack of social support whereas in the BHPS it measures presence of this dimension) is perhaps related to some of the differences in findings between the surveys. Additionally, only 21% of the BHPS sample did not have excellent perceived social support and therefore this variable may not differentiate adequately between different levels of support. Fifty-six percent of youth in the HSFE had no lack of social support.

Young women were more likely than were young men to have good social support. Table 10.1 shows that 63% of women had no lack of perceived social support (HSFE) and 85% had excellent perceived social support (BHPS), compared with 49% and 74% of men respectively. This is congruent with other findings on gender and social support (Cooper et al. 1999; Colarossi 2001). There were no clear differences by age in perceived social support in either survey. Although 16 year olds were less likely than 24 year olds in the HSFE to have no lack of perceived social support, and 19 and 20 year olds appear to be more likely to have excellent support in the BHPS, none of these differences were significant (Table 10.1). This is quite surprising, given that in the interviews, young people were more likely to report that they felt fully supported by parents and peers if they were aged 19-24.



**Table 10.1 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by allocation to levels of perceived social support (PSS), by gender and age (row %)**

	HSFE 1998				BHPS 1999							
	No lack PSS		Other PSS		Total		Excellent PSS		Other PSS		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Gender</b>												
Female	611	(63)	362	(37)	973	(100)	246	(85)	45	(16)	291	(100)
Male	403	(49)	424	(51)	827	(100)	217	(74)	77	(26)	294	(100)
All	1014	(56)	786	(44)	1800	(100)***	463	(79)	122	(21)	585	(100)**
<b>Age</b>												
16	109	(50)	110	(50)	219	(100)	95	(74)	34	(26)	129	(100)
17	116	(56)	93	(45)	209	(100)	80	(73)	30	(27)	110	(100)
18	123	(57)	93	(43)	216	(100)	82	(77)	24	(23)	106	(100)
19	98	(53)	87	(47)	185	(100)	109	(82)	24	(18)	133	(100)
20	111	(60)	73	(40)	184	(100)	97	(91)	10	(9)	107	(100)
21	108	(61)	68	(39)	176	(100)	-	-	-	-	-	-
22	95	(56)	74	(44)	169	(100)	-	-	-	-	-	-
23	105	(53)	93	(47)	198	(100)	-	-	-	-	-	-
24	149	(61)	95	(39)	244	(100)	-	-	-	-	-	-
All	1014	(56)	786	(44)	1800	(100)	463	(79)	122	(21)	585	(100)**

Excluded cases: HSFE: 81 (4%) cases excluded because of item non-response on PSS items, BHPS: 8 (1%) cases excluded because of item non-response on PSS items

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Perceived social support by gender: HSFE:  $\chi^2$  35.95(1),  $p < 0.001$ ,

\*\* BHPS:  $\chi^2$  10.20 (1),  $p < 0.01$

\*\* Perceived social support by age: BHPS:  $\chi^2$  14.54(4),  $p < 0.01$

**10.1.4 Perceived social support during the transition from school**

There were differences in levels of perceived social support for young people who were students, in work/training and those not in education, employment or training (NEET) in the HSFE but not in the BHPS data (Table 10.2). In the HSFE, young people were aged 16-24, and therefore perhaps more likely to have experienced spells of employment or being NEET than young people in the BHPS, who were only aged 16-20 in 1999. Young people who were full time students in the HSFE were more likely than were their peers who were NEET to report no lack of perceived social support ( $\chi^2$  13.90(1),  $p < 0.001$ ) (Table 10.2). Young people in full time employment were also more likely to have no lack of support than were those who were NEET ( $\chi^2$  7.92(1),  $p < 0.01$ ). So young people who were students were no different to their peers who were working full time. Being NEET could be associated with increased physical isolation, no work mates or fellow students to build relationships with for example, as well as less of a structure to the day. However, young people who find social relationships difficult could be more likely to become NEET than young people with more developed social skills.



**Table 10.2 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by allocation to levels of perceived social support (PSS), by whether they were in full time employment or NEET (row %)**

Current activity	HSFE 1998			BHPS 1999		
	No lack PSS	Other PSS	Total	Excellent PSS	Other PSS	Total
	n    %	n    %	n    %	n    %	n    %	n    %
Student	359 (62)	219 (38)	578 (100)	219 (77)	66 (23)	285 (100)
Work	527 (57)	398 (43)	925 (100)	196 (81)	46 (19)	242 (100)
NEET	126 (43)	168 (57)	294 (100)	44 (82)	10 (19)	52 (100)
All	1012 (56)	785 (44)	1797 (100)***	459 (79)	122 (21)	581 (100)

Excluded cases: In the HSFE 84 (5%) cases excluded because of missing data on the social support questions or the activity variable, in the BHPS 12 cases (2%) excluded because of missing data on the social support questions or the activity variable.

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Perceived social support by current activity: HSFE:  $\chi^2$  27.70(2),  $p<0.001$

### 10.2 Satisfaction with life: emotional well-being

Youth and early adulthood are often reported to be periods of care-free happiness (Diener et al. 1999; Bergman and Scott 2001). However, moving from adolescence into adulthood is a time of great change and often of great stress, therefore it is also feasible that a young adult's emotional well-being is less stable than that of other adults in Britain. It was certainly the case that the young people I interviewed found many things they were not satisfied with in their lives. College (the work, the tutors, getting to and from college, peers on their course), social life (not having enough time or money), boyfriends, friends, parents, siblings, debt/money and health were all associated with reduced emotional well-being. Sometimes young people voiced regrets, about not having tried harder at school, or not handling difficult situations with friends or family differently and this was usually associated with poorer emotional well-being. The majority of young people however, despite reporting areas that could be improved, said that overall they were satisfied with their lives, and this was linked to age - older respondents were more satisfied than younger respondents were.

#### 10.2.1 What are young people satisfied with in their lives?

Satisfaction was more often felt by the interviewees when a goal had been achieved, passing GCSEs, coming to college, making new friends, paying board money to parents for example, rather than satisfaction with life generally.

Wendy: "what bits of your life are you satisfied with?"



Trudy: "umm, at home, satisfied with that, learning to drive, it's something I've always wanted to do, so I'm pleased with that, and coming to college, getting a qualification, I'm satisfied with my job as well, so everything's all going ok really"

[Female, aged 17]

Having aspirations is not associated with being less satisfied with life, unless those goals are unrealistic (Diener et al. 1999). Some young people I interviewed seemed to be deferring their happiness, reporting that when they went to university, when they lost weight, when they got away from their siblings, only then would they be satisfied with life. Usually these goals were realistic, but not always.

Having very good emotional well-being was closely associated with having good perceived social support.

### **10.2.2 Gender, age and emotional well-being**

There were no measures of adult emotional well-being in the HSFE and therefore the quantitative analysis was concentrated on the satisfaction with life of the young people in the BHPS. Additionally however the BHPS included a measure of adolescent happiness, from when the panel members were aged 11-15 and analysis of this is also discussed. This is important because earlier adolescent well-being may influence well-being in young adulthood, when transitions are taking place.

Fifty four percent of the adolescent BHPS panel reported being happy when interviewed in 1994 (Table 10.3). Boys were more likely to be happy than were girls. Fifty nine percent of boys reported being happy compared with 49% of girls ( $\chi^2$  3.84(1),  $p < 0.10$ ). There was also a clear pattern between age and adolescent happiness. Younger youth aged 11 and 12 were more likely to report that they were happy than were older youth aged 14 and 15 ( $\chi^2$  5.55(1),  $p < 0.05$ ).

**Table 10.3 BHPS 1994: Distribution of young people aged 11-15 by whether they reported being happy in adolescence, by gender and age (row %)**

	Happy 1994					
	Happy		Not happy		Total	
	n	%	n	%	n	%
<b>Gender:</b>						
Female	142	(49)	148	(51)	290	(100)
Male	177	(59)	122	(41)	299	(100)
All	319	(54)	270	(46)	589	(100)*
<b>Age:</b>						
11	79	(62)	49	(38)	128	(100)
12	70	(64)	40	(40)	110	(100)
13	59	(54)	50	(46)	109	(100)
14	61	(46)	71	(54)	132	(100)
15	50	(46)	60	(55)	110	(100)
All	319	(54)	270	(46)	589	(100)**

Excluded cases: 4 (<1%) cases excluded because of item non-response on the original happiness questions

Significance of difference in distribution (Pearson chi-squared statistic):

\* Happiness by gender:  $\chi^2$  6.21(1),  $p < 0.05$

\*\* Happiness by age:  $\chi^2$  13.64(4),  $p < 0.01$

**Table 10.4 BHPS 1999: Distribution of young people aged 16-20 by whether they reported being satisfied with life, by gender and age (row %)**

	Satisfied with life 1999					
	Satisfied with life		Not satisfied with life		Total	
	n	%	n	%	n	%
<b>Gender:</b>						
Female	124	(44)	161	(57)	285	(100)
Male	169	(58)	123	(42)	292	(100)
All	293	(51)	284	(49)	577	(100)**
<b>Age:</b>						
16	70	(57)	54	(44)	124	(100)
17	57	(52)	52	(48)	109	(100)
18	52	(50)	53	(50)	105	(100)
19	62	(47)	70	(53)	132	(100)
20	52	(49)	55	(51)	107	(100)
All	293	(51)	284	(49)	577	(100)

Excluded cases: 16 cases (3%) excluded because of item non-response on the original satisfaction with life variables

Significance of difference in distribution (Pearson chi-squared statistic):

\*\* Satisfaction with life by gender:  $\chi^2$  11.91(1),  $p < 0.01$

In 1999, when the youth panel were aged 16-20, young men were still more likely to report being happy (satisfied with life) than were young women but there was no association between satisfaction with life and age (Table 10.4). Only 44% of young women reported being satisfied with their lives at age 16-20 compared with 58% of young men ( $\chi^2$  6.91(1),  $p < 0.01$ ). This is congruent with



other research on young men and women of similar age groups (Brannen et al. 1994; Bergman and Scott 2001). So women appear to be unhappier during adolescence and adulthood. However this could be because girls and young women are more likely to report being unhappy compared with boys and young men, rather than because of actual differences.

**10.2.3 Emotional well-being after the end of compulsory schooling**

Whether young people were participating in full time tertiary education, in full time work or were NEET was related to whether they were satisfied with life in 1999 (Table 10.5). Young people who were working were not significantly more likely than were students to be satisfied with life but both of these groups were more satisfied than were young people who were NEET ( $\chi^2$  2.76(1),  $p<0.10$ ). Half of students were satisfied and 55% of those in employment reported that they were satisfied. Only 35% of young people who were NEET reported being satisfied with life.

**Table 10.5 BHPS 1999: Distribution of young people aged 16-20 by whether they reported being satisfied with life and whether they were students, in work or NEET (row %)**

Current activity	Satisfied with life					
	Satisfied with life		Not satisfied with life		Total	
	n	%	n	%	n	%
Student	141	(50)	142	(50)	283	(100)
Work	131	(55)	107	(45)	238	(100)
NEET	18	(35)	34	(65)	52	(100)
All	290	(51)	283	(49)	573	(100)*

Excluded cases: 20 (3%) cases were excluded because of item non-response on the original satisfaction variables and missing data on the current activity indicator

Significance of difference in distribution (Pearson chi-squared statistic):

\* Current activity by satisfaction with life:  $\chi^2$  7.26(2),  $p<0.05$

Being less satisfied with life could contribute to young people becoming NEET, or these events could lead to young people feeling less happy. It has been discussed elsewhere (Banks and Ullah 1988; Theodossiou 1998) that poorer well-being is more likely to follow unemployment, rather than precede it. However, earlier unhappiness in adolescence will be a factor considered in the multivariate analyses later in the chapter, to examine whether poorer well-being might precede being NEET.

### ***10.3 Self-esteem, locus of control and lack of psychological morbidity: mental well-being***

The young people in the qualitative study were questioned extensively about their goals and how they thought they would achieve them. The qualitative data was interpreted around two dimensions of mental well-being; self-esteem and locus of control. In the BHPS, the adult questionnaire in 1999 included mental health on the SF36 battery. In the HSFE mental well-being was assessed using the 12-item General Health Questionnaire (GHQ12). These quantitative measures are summarised in this chapter, but for a full description, see Chapters 4 and 5.

#### **10.3.1 Self-esteem**

The young adults in the qualitative study who were defined as having high self-esteem exhibited confidence, they were accepting of their self-identity and they believed in their abilities and self-worth. Those who were determined to succeed felt that this determination would overcome some of their weaker traits, like being lazy or easily distracted. High self-esteem was associated with good emotional well-being and good social support.

In some cases, young people felt, for example, confident, but did not really believe that they could achieve their goals. The group with moderate self-esteem was not as comfortable talking about their positive qualities and tended to play down their strengths.

Wendy: "do you believe in yourself, do you think you will make your life as you want it?"

Gregory: "I could if I applied myself. Yeah, I could do pretty well. Go to university, get a degree, then I could do pretty well"

Wendy: "and do you think you will do that?"

Gregory: "mm, it will probably take me a bit longer than most. Because I'll probably have to flunk out, and then realise oh dear, I better go back and get a degree. I think that's what it's going to take, unless I do some work now, and I'm going to try and do some work now, but I'm not sure it will work"

[Male, aged 16]



Very few young people were classified as having low self-esteem. Low self-esteem manifests as feeling worthless, not in control and not being able to 'make things happen'. This group frequently wanted to 'run away' from their lives rather than face the changes that were happening to them. This was associated with poor emotional well-being and poorer social support.

Wendy: "do you believe in yourself though, that you can make your life as you want it?"

Christina: "no, not really. I used to, but everything that I want, just seems to be drifting away. And I know that it's my fault, but I can't seem to do anything about it"

Wendy: "why do you think that is?"

Christina: "because I'm lazy! I'm really bone idle, I really am and I really can't stand it. I can't change it, it's just me"

[Female, aged 17]

Locus of control (LOC) is taken from a health belief model (Bennett et al. 1994) that asserts that individuals either feel in control of their own life (internal LOC), feel that life is down to chance (chance LOC) or that other people, like family, are driving their life chances (external LOC).

### 10.3.2 Locus of control

It was apparent that some youth expected their lives to unfold by 'chance'. Some young people felt confident that good things would happen to them in time, without them actively pursuing their goals whilst others, like Marcus, said they did not mind what their 'fate' was.

Wendy: "are you a determined person?"

Marcus: "not really no. If it doesn't happen then it doesn't happen. I do things towards it, but it doesn't really affect me, if it doesn't happen"

Wendy: "so you're not bothered whether things happen or not...what about things like exams and coursework, do they bother you?"

Marcus: "not really"

Wendy: "so if you fail, you fail, that kind of attitude?"

Marcus: "yeah. If I fail then I do it again, it's my loss"

[Male, aged 17]

This type of attitude was taken as evidence of having a chance locus of control (LOC). There was no clear link between self-esteem and locus of control and this concept can not be measured quantitatively using the HSFE or BHPS, but it is included here because it was associated with earlier family life and eating habits, which are discussed in Chapters 11 and 12.

A large number of respondents felt that there was cause to worry, because they were not in control (external LOC). Parents (mainly), teachers from school, siblings, friends and college tutors were all blamed for things not going right, these individuals did not see how their lives were their own responsibility. Having an external LOC was associated with having shaky or poor social support or lower self-esteem.

Many of the interviewees felt that only they could make things happen in their life, and even if they sometimes did not like the fact that they were totally responsible for their futures, they were prepared to accept that this was the case (internal LOC).

Wendy: "what about the future, you feel happy, you know where you're going?"

Daniel: "no, I don't know where I'm going yet, no, but I know I'm going to do something good, I'm just not sure what it is yet!"

Wendy: "do you feel in control of your life, and your own destiny?"

Daniel: "yeah, no one says what I've got to do any more, when you're little, you've got to do this and you've got to do that, got to go to bed or whatever, but now I go to bed when I'm tired! It's little things like that"

[Male, aged 16]

### **10.3.3 Gender, age and mental health in young adulthood**

Just over three-quarters of the young people in the HSFE had good mental well-being in 1998 (i.e. they were not diagnosed as a GHQ case) (Table 10.6).



Twenty two percent of young people in the HSFE were classified as a GHQ case. This means that if a psychiatrist assessed them, they would be diagnosed as being eligible for psychological intervention. A threshold score of 3+ was used to indicate 'caseness'. There is no literature on a corresponding population, in terms of age and threshold score with which to compare the level of 'caseness' in the HSFE to. Men were more likely to have good mental well-being (i.e. not be a GHQ 'case') than were women (Table 10.6). Seventy one percent of women were non-cases whereas 85% of men were ( $\chi^2$  11.00(1),  $p<0.01$ ).

**Table 10.6 HSFE1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were a GHQ case and their mean mental health score on the SF36 questions, by gender and age group (row %)**

	HSFE 1998				BHPS 1999	
	GHQ case		Non-case		Total	SF36-MH mean score
	n	%	N	%	n	N
<b>Gender</b>						
Female	280	(29)	690	(71)	970	(100)
Male	121	(15)	702	(85)	823	(100)
All	401	(22)	1392	(78)	1793	(100)***
<b>Age</b>						
16	40	(18)	179	(82)	219	(100)
17	49	(23)	164	(77)	213	(100)
18	45	(21)	169	(79)	214	(100)
19	38	(21)	146	(79)	184	(100)
20	39	(21)	144	(79)	183	(100)
21	50	(29)	123	(71)	173	(100)
22	40	(24)	127	(76)	167	(100)
23	41	(21)	156	(79)	197	(100)
24	59	(24)	184	(76)	243	(100)
All	401	(22)	1392	(78)	1793	(100)

Excluded cases: 88 (5%) cases excluded in the HSFE because of item non-response on the GHQ variables and 2 (<1%) cases excluded in the BHPS because of item non-response on the SF36MH variables

Significance of difference in distribution (Pearson chi-squared or F-statistic):

\*\*\* GHQ caseness by gender:  $\chi^2$  51.44(1),  $p<0.001$

\*\* SF36 mental health score by gender: F 11.67(1),  $p<0.01$

In the BHPS, the mean score on the mental health dimension of the SF36 was 80.8 (Table 10.6). A score of 100 would indicate the very best mental health. As with the GHQ indicator in the HSFE, men had better mental health than did women. Men had a mean score on the SF36 mental health dimension of 82.8 whereas women only scored an average of 78.7. Population norms have been published for all SF36 dimensions. The mean scores on the mental health



component shown in Table 10.8 are considerably higher than those reported for 18-24 year olds by Jenkinson and colleagues (1993). They report a mean mental health score for women of 70.2 and for men of 74.8. It is likely that there is a slight selection bias in choosing BHPS panel respondents who were interviewed in 1994 and 1999 - those with poorer mental health were perhaps less likely to be interviewed in both years.

There was no clear association with age for mental well-being in either the HSFE or the BHPS. The youngest youth were no different in terms of GHQ caseness or mental health score on the SF36.

### 10.3.4 Mental well-being and activities after the end of school

In the HSFE young people in employment had the best mental health (Table 10.7). However, young people who were students and those who were in employment did not differ significantly in terms of whether they were classed as a GHQ case. Young people who were NEET though were much more likely to have poorer mental well-being (and be a GHQ case) compared with young people who were students or in full time employment ( $\chi^2$  14.69(1),  $p<0.001$ ). In the BHPS, young people who were NEET had significantly lower scores on the SF36 mental health dimension than did their peers (F 11.21(1),  $p<0.01$ ) (Table 10.7).

**Table 10.7 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they were a GHQ case and their SF36 mental health score, by current activity (row %)**

Current activity	HSFE 1998						BHPS 1999	
	GHQ case		Non-case		Total		SF36 Mental health:	N
	n	%	n	%	n	%	mean score	
Student	131	(23)	449	(77)	580	(100)	81.7	290
Work	173	(19)	743	(81)	916	(100)	80.8	242
NEET	97	(33)	197	(67)	294	(100)	74.4	54
All	401	(22)	1389	(78)	1790	(100)***	80.7**	586

Excluded cases: 91 (5%) cases excluded in the HSFE because of item non-response on the GHQ variables and 7 (1%) cases excluded in the BHPS because of item non-response on the SF36MH variables

Significance of difference in distribution (Pearson chi-squared or F-statistic):

\*\*\* GHQ caseness by current activity:  $\chi^2$  25.50(2),  $p<0.001$

\*\* SF36 mental health score by current activity: F 5.85(2),  $p<0.01$



#### *10.4 Young people's physical and general well-being*

Half of the young people in the current qualitative study reported having a diagnosed illness. Illnesses included asthma, diabetes, and eczema as well as migraines, digestive problems and gynaecological complaints. Anxiety and depression were also reported, as well as general health complaints. The majority of young people were not limited by their illnesses however and therefore perhaps had very good physical well-being. Young adults with very poor social support were particularly likely to have poorer physical well-being. Only one interviewee with poor physical well-being had very good social support and she also had good emotional and mental well-being too. Helen was only recently diagnosed with her gynaecological problem and since her diagnosis, with the support of her family and friends, she was learning to cope with it. Before diagnosis however, when she was confused about why her symptoms had started (she gained a lot of weight), her peer support was not so good and her well-being overall suffered. This example clearly illustrates how perceived social support can be crucial for young people's well-being.

Wendy: "do you ever decide...you can't discuss [something] fully with your mum or dad...?"

Helen: "yeah."

Wendy: "what kind of thing?"

Helen: "mm, there was one thing that I couldn't tell my mum, or my dad, I couldn't tell either of them until after it had stopped. Well, I was one for not showing my emotions, so I'd end up hurting myself [she's indicating cutting her arms]. I never told anyone. [...] I can't remember much, it was a long time ago, my weight probably....most of the time I was friends with guys, there are certain things with guys you can't talk about that you can with girls"

Wendy: "so you didn't really feel you had anyone..."

Helen: "...to talk to. Yeah"

Wendy: "what made you stop doing it?"

Helen: "mm, there's this girl I became friends with. And I felt comfortable with her, I could talk about anything...it's just mostly what I was feeling at the time. Because I could talk to her, I didn't have to keep



it all bottled up inside. That's probably the only thing I haven't been able to tell my mum"  
[Female, aged 19+]

General/physical well-being is assessed in the BHPS using the general health perception and energy/vitality scores from the SF36 questionnaire. In the HSFE, I used the self-reported general health variable.

#### **10.4.1 Gender, age and general health**

Thirty seven percent of young people in the HSFE reported having very good general health (Table 10.8). The mean score on the SF36 general health perception questionnaire in the BHPS was 75.1; the mean score on the energy and vitality dimension of the SF36 was lower, at 67.7. The dimensions are scored from 0 (worst well-being) to 100 (best well-being).

Young men were more likely to report better physical well-being than young women in both of the quantitative surveys (Table 10.8). More men said they had very good general health in the HSFE compared with women ( $\chi^2$  7.03(1),  $p < 0.01$ ). In the BHPS, men had a mean score of 78.0 on the general health perception questions compared with women who scored 72.0 ( $F$  16.35(1),  $p < 0.001$ ). On the energy/vitality questions, men scored 70.0 and women scored 65.4 ( $F$  12.83(1),  $p < 0.001$ ) (Table 10.8).

The published population norms for the SF36 general health perception score, for 18-24 year old men and women do not show such a differential. Men scored 72.0 whereas women scored 72.1 (Jenkinson et al. 1993). So the men in the BHPS were scoring considerably higher than expected. This could be associated with age; the published norms do not include 16 and 17 year olds (and there were no 21-24 year olds in the BHPS either). However, Table 10.8 shows that the scores for general health perception were not significantly associated with age, 16 and 17 year olds did not have significantly higher scores than their older peers. The published population norms for the energy and vitality dimension for 18-24 year old men and women did show a differential similar to that found in the BHPS, but the published scores were lower than found in the current analysis. Men had an energy/vitality mean score of 66.4 whilst women



scored 59.8 (Jenkinson et al. 1993). Again this could be because of the age differential; perhaps 16-20 year olds are more likely to report more energy and vitality than are 18-24 year olds. Table 10.8 shows that 16 year olds did have higher mean scores on the SF36 energy and vitality dimension than did 20 year olds (F 10.14(1) p<0.01).

The self-reported general health question in the HSFE did also show some association with age (Table 10.8). Whereas 47% of 16 year olds reported being in very good health, only 36% of 19 year olds did so.

**Table 10.8 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they reported very good general health and their mean scores on the SF36 general health and energy/vitality dimensions, by gender and age group (row %)**

	HSFE 1998				BHPS 1999			
	Very good general health		Other general health		Total		SF36: General Health Perception	N
	n	%	n	%	n	%	Mean score	Mean score
<b>Gender</b>								
Female	338 (34)		668 (66)		1006 (100)		72.0	292
Male	366 (42)		509 (58)		875 (100)		78.0	300
All	704 (37)		1177 (63)		1881 (100)***		75.1***	592
<b>Age:</b>								
16	111 (47)		123 (53)		234 (100)		75.2	129
17	101 (45)		126 (56)		227 (100)		76.9	111
18	80 (36)		145 (64)		225 (100)		73.9	109
19	69 (36)		123 (64)		192 (100)		74.2	133
20	60 (32)		129 (68)		189 (100)		75.2	110
21	66 (37)		115 (64)		181 (100)		-	-
22	68 (39)		108 (61)		176 (100)		-	-
23	66 (32)		139 (68)		205 (100)		-	-
24	83 (33)		169 (67)		252 (100)		-	-
All	704 (37)		1177 (63)		1881 (100)**		75.1	592

Excluded cases: 1 case (<1%) excluded in BHPS, because of item non-response on the SF36GHP questions, and 2 cases excluded because of item non-response on the SF36EV questions

Significance of difference in distribution (Pearson chi-squared statistic or F statistic):

\*\*\* General health by gender: HSFE:  $\chi^2$  13.54(1), p<0.001 \*\* General health by age: HSFE:  $\chi^2$  22.72(8), p<0.01

\*\*\* General health by gender: BHPS: F 16.35(1), p<0.001;

\*\*\* Energy/vitality by gender: BHPS: F 12.83(1), p<0.001; Energy/vitality by age: BHPS: F 3.59(4), p<0.01



10.4.2 General health after the end of compulsory schooling

General health was also associated with what young people were doing when they were aged 16-20 (Table 10.9). Students in the HSFE reported better general health than did young people in employment ( $\chi^2$  2.82(1),  $p<0.10$ ) who in turn reported better general health than young people who were not in education, employment or training ( $\chi^2$  10.75(1),  $p<0.01$ ). The pattern is the same in the BHPS, but the main difference was between young people who were NEET compared with both of the other groups. Young people who were NEET had significantly lower scores for general health perception ( $\chi^2$  9.14(1),  $p<0.01$ ) and energy and vitality ( $\chi^2$  5.84(1),  $p<0.05$ ) compared with their peers.

**Table 10.9 HSFE 1998 & BHPS 1999: Distribution of young people aged 16-24 by whether they reported very good general health and their mean scores on the SF36 general health and energy/vitality dimensions, by current activity (row %)**

Current activity	HSFE 1998				BHPS 1999			
	V. good general health		Other general health		Total		SF36: General Health Perception Mean score	N
	n	%	n	%	n	%	SF36: Energy & Vitality Mean score	N
Student	263	(43)	350	(57)	613	(100)	75.9	291
Work	359	(38)	589	(62)	948	(100)	75.4	242
NEET	80	(26)	234	(75)	314	(100)	67.9	54
All	702	(37)	1173	(63)	1875	(100)***	75.0*	587

Excluded cases: 6 (<1%) cases excluded in the HSFE because of missing data on the current activity variable and 7 (1%) cases excluded in the BHPS because of missing data on the current activity or SF36 dimensions

Significance of difference in distribution (Pearson chi-squared statistic or F statistic):

\*\*\* General health by current activity: HSFE:  $\chi^2$  27.07(2),  $p<0.001$

\* General health by current activity: BHPS: F 4.60(2),  $p<0.05$  ; \* Energy/vitality by current activity: BHPS: F 4.23(2),  $p<0.05$

The bivariate analyses of the BHPS and HSFE data have suggested that men tend to have better well-being than do young women. Men were happier with their lives in adolescence and adulthood, they had better mental well-being and were more likely to report good general health. Young women did however have better perceived social support than did young men. Age showed little association with the adult measures of well-being. On the whole, there was little difference in well-being between young people who were participating in full time tertiary education and those who were in full time employment or training although students reported better general health than did their peers in full time



work. Young people who were not in education, employment or training (NEET) had worse well-being on all of the measures analysed, compared with students and young people in work. They were more likely to report worse social support, less satisfaction with life, had poorer mental well-being and worse general health. These characteristics could occur because of being NEET or could precipitate NEET status.

### *10.5 Multivariate analyses*

In order to determine whether being a student, being in employment/training or being NEET is associated with well-being status, when the differences in the other pertinent covariates are accounted for, the logistic regression procedure in SPSS (1999) was used to run multivariate models. The logistic regression models were run with each indicator of well-being discussed in this chapter entered as the dependent, outcome variables. The models were each adjusted for current activity (student, in work or NEET), age and also for socio-economic status (SES). Age was entered as a continuous variable. SES was included in the models because it was shown in Chapter 9 to be associated with the likelihood that young people were in employment or NEET. The SES indicator was based on measures of household income, housing tenure and access to a car. A high percentage (18%) of households in the HSFE refused to give, or did not know their household income and therefore an indicator of SES was not derived for some young people. However, a separate category was created before running the regression models, so that these 'missing' cases were included in the analyses (they appear as 'missing SES' in the tables).

The analyses were carried out separately for men and women where possible (and an interaction term was added if separate analyses were not appropriate) mainly using the HSFE data. The multivariate analyses were not conducted using the BHPS data (except the analyses of emotional well-being) because of the small numbers in some of the sub-groups of interest. It was also felt that the wider age range within the HSFE sample would increase heterogeneity within the data. The results shown are for the main effects of each variable on the dependent well-being variables, taking into account all of the other covariates entered into the model. If interaction terms were added these are discussed where relevant.



10.5.1 Perceived social support

The logistic regression model for perceived social support was run separately for men and women and was adjusted for current activity, age and socio-economic status (SES). Young women who were working and who were NEET had lower odds of having better (i.e. no lack) perceived social support compared with the reference group, students (Table 10.10). Women who were working were 38% less likely than were students to have good perceived social support and women who were NEET were 62% less likely than students were to have no lack of perceived social support. Women with a low socio-economic status (odds of 0.63) were also less likely than were those in the reference group, with a high SES, to have no lack of perceived social support. Age showed little association with perceived social support when the other factors were taken into account.

**Table 10.10 HSFE 1998: Odds ratios of young people aged 16-24 having no lack of perceived social support when current activity, socio-economic status (SES) and age are controlled for, by gender**

	Odds ratio	95% confidence interval			Odds ratio	95% confidence interval	
<b>Female:</b>				<b>Male:</b>			
Working	0.62**	0.43	0.88	Working	0.67*	0.47	0.97
NEET	0.38***	0.25	0.57	NEET	0.39***	0.23	0.66
Medium SES	0.79	0.54	1.16	Medium SES	0.58**	0.40	0.85
Low SES	0.63*	0.43	0.93	Low SES	0.60*	0.40	0.89
Missing SES	0.79	0.51	1.22	Missing SES	0.53**	0.34	0.89
Age	1.06*	1.00	1.13	Age	1.10**	1.04	1.17
N	973			N	824		
Missing	33 (3%)			Missing	51 (6%)		
-2 log likelihood	1247.8			-2 log likelihood	1108.9		
R <sup>2</sup>	0.037			R <sup>2</sup>	0.039		

Reference categories: full time student, high SES

\*p<0.05 \*\* p<0.01 \*\*\* p<0.001

Young men who were working and young men who were NEET were also less likely to have no lack of perceived social support than were students, and these odds remained significant when the other covariates were included in the model. Young men who were working were 33% less likely (p<0.05) to have good social support compared with students. Men who were NEET were 61% less likely



( $p < 0.001$ ) than were students to have no lack of social support. Socio-economic status was also negatively associated with perceived social support, with young men with a medium (0.58) and low (0.60) SES significantly less likely to have good social support than their peers in the reference group. The effect of socio-economic status on perceived social support is additional to the effects of current activity. Age, as for women, had little association with perceived social support.

### 10.5.2 Satisfaction with life

The model run for emotional well-being differed somewhat to that run for social support. The BHPS data was used because there were no indicators of emotional well-being in the HSFE and the analyses were not run separately for men and women because of the smaller numbers in some sub-groups in the BHPS. An interaction term was added for gender and current activity, to see whether gender had a different effect on satisfaction with life for young people who were in work, students or NEET. This did not improve the fit of the model and therefore the term was removed and only the main effects are shown in Table 10.11. The model was adjusted for current activity, age and socio-economic status. Additionally, the model was adjusted for whether young people were happy in adolescence.

Table 10.11 shows that whilst employment was positively associated with satisfaction with life, being NEET had a negative association. However, neither of these effects was significant therefore current activity was not important in explaining satisfaction with life in young adulthood in this relatively small sample when the effects of the other covariates were considered. Age was also not significant in explaining levels of satisfaction with life once the effects of the other factors were controlled for although young women were 44% less likely to be satisfied with life than were young men. Young people who had a medium ( $p < 0.05$ ) socio-economic status were less likely to be satisfied with life than were those with a high SES. Young people who were happy in adolescence were almost two and a half times more likely ( $p < 0.001$ ) to report being satisfied with their lives 5 years later than young people who were unhappy in 1994. This effect is after taking into account the effects of all of the other variables therefore this suggests that levels of emotional well-being in adolescence are particularly important for later well-being.



**Table 10.11 BHPS 1999: Odds ratios of young people aged 16-20 being satisfied with life when current activity, socio-economic status (SES), age, gender and happiness in 1994 are controlled for**

	Odds ratio	95% confidence interval	
Employed	1.37	0.93	2.03
NEET	0.66	0.34	1.29
Medium SES	0.59*	0.39	0.89
Low SES	0.75	0.49	1.16
Age	0.92	0.84	0.93
Female	0.66*	0.46	0.94
Happy in 1994	2.44***	1.71	3.46
N	567		
Missing	26 (4%)		
-2 log likelihood	734.9		
R <sup>2</sup>	0.086		

Reference categories: full time student, high SES, male, unhappy in 1994,  
 \*p<0.05 \*\* p<0.01 \*\*\* p<0.001

So it seems that although there were apparent associations between emotional well-being and being NEET in the bivariate analyses, when other pertinent factors are adjusted for, being happy as an adolescent is more important in terms of current satisfaction with life than being unemployed or economically inactive.

### 10.5.3 Mental well-being

The model was run using the HSFE data to look at whether young people had good mental well-being, i.e. they were not classified as being a GHQ case. The model was adjusted for current activity, gender, age and socio-economic status. It was not run separately for men and women because of the small number of GHQ cases but an interaction term was included for gender and current activity. This did not however improve the fit of the model and therefore the odds shown are just for the main effects.

Young people who were working had odds 38% (p<0.05) higher than did students of having good mental well-being (being classified as a non-GHQ case) (Table 10.12) whereas youth who were NEET were less likely than were students to be a non-case (but this effect was not significant for young people who were NEET). Socio-economic status was not significantly associated with GHQ 'caseness' and neither was age. Gender was associated with GHQ



caseness, over and above the other effects. Women were almost half as likely as were men ( $p<0.001$ ) to have good mental well-being.

**Table 10.12 HSFE 1998: Odds ratios of young people aged 16-24 not being classified as a GHQ case when current activity, socio-economic status (SES), age and gender are controlled for**

	Odds ratio	95% confidence interval	
Employed	1.38*	1.02	1.87
NEET	0.74	0.52	1.06
Medium SES	0.99	0.72	1.36
Low SES	0.94	0.68	1.31
Missing SES	1.34	0.91	1.95
Age	0.96	0.91	1.01
Female	0.56***	0.36	0.58
N	1790		
Missing	91 (5%)		
-2 log likelihood	1828.9		
R <sup>2</sup>	0.041		

Reference categories: full time student, high SES, male

\* $p<0.05$  \*\*  $p<0.01$  \*\*\*  $p<0.001$

#### 10.5.4 General health

The model was run separately for men and women and was adjusted for current activity, age and SES. The outcome variable was self-reported health from the HSFE.

Women who were working were less likely than the reference group, students to have very good general health, whereas men in full time work were just slightly more likely than were students to report this (Table 10.13). However, these effects were not significant when the model was adjusted for the other covariates. Women and men who were not in education, employment or training (NEET) were however almost half as likely than were students to report very good health and these odds were significant ( $p<0.05$ ). Women with a low SES were also almost half as likely as were those with a high SES ( $p<0.01$ ) to report very good general health; this effect is additional to the effects of the other covariates. Young people who did not have an indicator of SES derived were less likely than were those with a high SES to report very good health; this suggests perhaps that these young people were similar to those in families or

households with a low socio-economic status. Socio-economic status was not significantly associated with general health for men, but age was.

**Table 10.13 HSFE 1998: Odds ratios of young people aged 16-24 reporting very good general health when current activity, socio-economic status (SES) and age are controlled for, by gender**

	Odds ratio	95% confidence interval			Odds ratio	95% confidence interval	
<b>Female:</b>				<b>Male:</b>			
Employed	0.77	0.55	1.08	Employed	1.03	0.73	1.46
NEET	0.63*	0.41	0.99	NEET	0.52*	0.31	0.87
Medium SES	0.85	0.60	1.21	Medium SES	0.85	0.59	1.23
Low SES	0.53**	0.36	0.78	Low SES	1.00	0.68	1.46
Missing SES	0.64*	0.42	0.98	Missing SES	0.87	0.57	1.32
Age	0.97	0.92	1.03	Age	0.93*	0.88	0.99
N				N			
1004				871			
Missing				Missing			
4 (0.5%)				4 (0.5%)			
-2 log likelihood				-2 log likelihood			
1254.1				1166.4			
R <sup>2</sup>				R <sup>2</sup>			
0.027				0.021			
Reference categories: full time students, high SES							
*p<0.05 ** p<0.01 *** p<0.001							

**10.6 Conclusion**

The multivariate analyses have suggested that for young people, not being in education, employment or training was associated with being more likely to have poorer well-being, compared to young people who were participating in full time education. Young men and women who were NEET had worse perceived social support and they also reported worse general health. I discussed in Chapter 9 how being NEET was associated with socio-economic status, but the analyses in this chapter have suggested that there is an effect of being NEET on well-being that is *additional* to the effects of socio-economic status (SES). Therefore young people who are NEET but who also have a low SES might be particularly disadvantaged in terms of well-being. One explanation for this group's poorer well-being could be their inaccessibility to the latent functions that work provides (Banks and Ullah 1988). No structure to the day, lack of status, no sense of collective purpose, lack of social contact and reduced activities are considered contributing factors in the malaise of young people who are NEET. However, it should be borne in mind that there is evidence that social conditions or poorer



health in earlier childhood are associated with social, educational or economic disadvantage in adulthood (West 1991) and it could be this, rather than being unemployed or economically inactive that is associated with poorer well-being in early adulthood.

Despite government policies to deter young people from being unemployed or economically inactive, the proportion experiencing economic inactivity and unemployment is significant (and yet perhaps under estimated because these youth might be less likely to participate in surveys) and this justifies particular attention being paid to this marginalised group. In Chapter 12 I also examine whether young people who are NEET are more likely to eat unhealthily than their peers in work or full time education (though direction of causality can not be determined).

Young people who were in employment or training had worse perceived social support compared with their peers participating in tertiary education. Perhaps men and women who enter the workplace 'early' are not as skilled at getting on with work colleagues as are older adults. However, young people who were in employment or training reported better mental well-being than did students. Young people who were working were less likely to be classified as a GHQ case than were their peers in full time education. This is possibly because of the high proportion of women that were students; women have worse well-being than do men (i.e. they are more likely to be a GHQ case).

There was no association between emotional well-being and being in education, work or NEET. However the multivariate analysis of satisfaction with life was based on the BHPS data, and the more narrow age range of the sample, compared with the HSFE could explain this. The analysis did suggest however that being happy in adolescence was related to higher odds of being satisfied with life as a young adult. This effect was significant whereas that of current activity, gender and age was not.

So young people in different educational and economic contexts differ in terms of their well-being and this association is over and above the effects that being in a family or household with a low socio-economic status might have. But I am also

interested in whether other aspects of young people's family lives are associated with their well-being. In Chapter 7 I discussed the differences in the way young people were parented and also considered whether being in an intact, step or lone parent family was an important aspect of family life. The next chapter returns to the data on family life during adolescence in order to analyse whether parenting style or family type are important factors that are associated with young people's well-being after they leave school.



## CHAPTER 11

### Family Life and Feeling 'Well'

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The aim of this chapter is to analyse whether the way that young people were parented when they were adolescents had any bearing on their well-being when they were young adults. The analysis draws on data from the interviews with young adults at South East Essex college and also on the British Household Panel Survey (BHPS) data. Analysis of family life in the BHPS is from 1994, when young people were aged 11-15 and the analysis of well-being is from 1999, when the same young people were aged 16-20. Additionally, using the BHPS data I also analyse whether being in an intact, step or lone parent family (in 1994) is connected to later well-being (in 1999) as one objective of this research was to identify which is more important for well-being, parenting style or family type.

Firstly though I use the qualitative data from the interviews with young people at college to examine how parenting style in adolescence might be associated with different aspects of young people's well-being in young adulthood. I consider whether specific dimensions of parenting style, like closeness and boundaries, which I discussed in Chapter 7, might help explain why young people from 'authoritative' families consistently reported better levels of social, mental and emotional well-being. I also consider whether having parents who parent in incongruent ways is important. Also discussed are the young people who do not 'fit' with the theory that 'authoritative' parenting is associated with better well-being. This offers an interesting insight into the way that parenting style impacts on well-being and having the opportunity to do this, from using qualitative data, has undoubtedly helped to draw conclusions from the data overall.

Then I turn to the quantitative data in the BHPS. Firstly I analyse whether the SF36 dimensions of well-being, mental health, energy and vitality and perceptions of general health from the 1999 data set are associated with the way that young people were parented in 1994, when they were 11-15. I also use the satisfaction with life and perceived social support variables. These outcomes are analysed separately by gender because well-being, as I discussed in the last



chapter differs quite substantially for men and for women in young adulthood. I then use the same indicators to analyse whether well-being is associated with the family type that young people were in, in 1994. In Chapter 7 I reported that family life, and particularly parenting style, was associated with age and gender. I also discussed in Chapter 7 how socio-economic status was associated with family type. Therefore in order to examine whether well-being was associated with earlier family life I ran logistic regression models to control for these other covariates before drawing conclusions about the importance of past family life for young people's well-being status.

### *11.1 Parenting style and perceived social support*

Young people in the qualitative study who had experienced 'authoritative' parenting during adolescence were overwhelmingly more likely to feel that they had excellent perceived social support in young adulthood, compared with interviewees who had 'non-authoritative' parents when growing up. This was associated with the warm, respectful relationship that usually existed between parent and child that began in childhood or adolescence and in most cases had continued until the present day. Such relationships, where young people felt close to their parent/s but also where they felt able to talk to their parents and, importantly, to rely on them, led to these respondents feeling they could call on their parents should they ever need to.

However, it was not just 'closeness' that was important because young people from 'permissive' families did not report such excellent support. Therefore the control dimension of 'authoritative' parenting must also be a meaningful element. This could be associated with young people having boundaries. Having boundaries in adolescence, although not always appreciated at the time, perhaps leads, when combined with adequate dialogue, to young adults feeling that their parent/s raised them a certain way because it was what was 'best' for them. This combination of adequate control and dialogue seemed a powerful qualitative predictor of having excellent perceived social support in young adulthood. The young people who had only one 'authoritative' parent did not report such excellent social support. The presence of a 'non-authoritative' parent appeared to 'outweigh' or overshadow the parenting provided by the 'authoritative' parent, which seemed to influence feelings of support. Christina,



for example, had an 'authoritative' mother who leant on her daughter because of problems with her husband, Christina's 'authoritarian' father. Christina admits she sometimes found this daunting:

Wendy: "are you even closer to your mum [since your dad's accident]?"

Christina: "VERY close, yeah, cause she's like, she hasn't got any friends, she talks to me like I'm on her level. It's a bit much sometimes. She expects me to understand, and I'm not being funny but I haven't even been in a serious relationship let alone been married and had children, I don't know what it's like. But she gets SO depressed, sometimes she's like, I'm gonna kill myself, and I just want to walk away, but you can't can you? It's not like that all the time"

[Female, aged 17]

Having shaky or poor perceived social support was connected with having non-'authoritative' parents in adolescence but there was no clear distinction between being in a 'permissive', 'disengaged' or 'authoritarian' family and whether the interviewees had shaky or poor social support.

### ***11.2 The relationship between parenting style and mental well-being***

All but one of the young people I interviewed who had high self-esteem had two 'authoritative' parents during adolescence. The other respondent with high self-esteem had one 'authoritative' and one 'authoritarian' parent. High self-esteem also seemed to be related to having excellent social support, as outlined in the previous section. Young people who felt safe and secure knowing that their parents were behind them seemed more likely to feel confident about their future and comfortable with their self-identity. It seems logical that if parents talk to and about their children in a positive way, then as they grow up they are more likely to see themselves this way.

Wendy: "do you believe in yourself?"

Carol: "everybody has their up and down days, when you think you can't cope. But I think, actually I can cope if I put my head down, so just get on with it. That's what I try and do anyway! A lot of people phone me up, like mum, dad, nan, saying how's it going, what have you been up to, are you doing this and that"

[Female, aged 19+]

Young people from 'non-authoritative' families exhibited medium or low self-esteem but the interviewees from 'disengaged' families all had medium as opposed to low self-esteem. This appeared to be related to the complete disengagement between parent and child that had 'accrued' since adolescence. Young people who encountered some engagement, whether in the form of control ('authoritarian' parents) or dialogue ('permissive' parents) were more likely to have a 'lowered' view of themselves. Young adults who had experienced no engagement seemed resolved to making life work for them, regardless of the less than desirable family situation they had faced. So parenting that is more 'complete' in terms of dialogue and control ('authoritative') or totally lacking in these dimensions ('disengaged') appears to be less damaging for self-esteem than parenting that is high on one dimension but low on the other.

A second aspect of mental well-being referred to as 'locus of control' was connected to the control dimension of adolescent parenting, rather than to a particular parenting style. Young people with an internal LOC were likely to have experienced consistent rule setting - irrespective of the extent of the rules set. For example, some interviewees had 'disengaged' parents, who set few or no rules, but this was consistent throughout adolescence. Young people who experienced consistent rules felt in control of their own lives.

Wendy: "what about the future, you feel happy, know where you're going?"

Daniel: "no, I don't know where I'm going yet, no, but I know I'm going to do something good, I'm just not sure what it is yet!"



Wendy: "do you feel in control of your life, and your own destiny?"

Daniel: "yeah, no one says what I've got to do any more, when you're little, you've got to do this and you've got to do that, got to go to bed or whatever, but now I go to bed when I'm tired! It's little things like that"

[Male, aged 16]

The young adults who had an external locus of control were more likely to have encountered inconsistent or excessive rule setting and enforcement during secondary school. They were more apt to say that others, family or the college for example were in control of their future. The three interviewees who had a chance LOC, and felt that no one could predict or control what happened to them, had experienced more lax control during adolescence. For example being able to stay out late from quite an early age. It was as if this earlier freedom from rules led them to believe that no one was ever going to tell them what to do, themselves included.

### *11.3 Parenting styles and emotional well-being*

Young people in the qualitative study were more likely to say they were satisfied with their lives if they had experienced 'authoritative' parenting during secondary school. This further confirms the other qualitative findings, in that 'authoritative' parenting, where there is a balance of dialogue and control throughout adolescence does seem to be associated with better well-being. Experiencing 'optimum' parenting seemed to lead young people to feel happy with what they had achieved and what they were expecting to achieve.

Wendy: "was it quite difficult, the transition from school to college and then working?"

Trudy: "yeah, it was really, it happened really quick when I look back now, as soon as I left school I wanted a part time job, I got that, and then, I knew no-one doing this course, and a lot of people think well if my friends aren't doing that course I'm not doing that course, but you have to, it's something I really wanted to do, and I'm going to go for it, don't worry what everyone else is doing, do what you want to do, and I've made so many new friends here, which is really nice, and we plan to go

out and that, it's nice really"

[Female, aged 17]

Three interviewees from 'authoritative' families were not as satisfied with their lives. They had reported parents who were not prepared to be as responsive to their changing needs as they grew up as the other 'authoritative' parents were. This was partly a result of ineffective dialogue, and partly because of inappropriate control. Mary, for example had tried hard to show her 'authoritative' parents that she was a responsible adult, but her mother was not prepared to accept this:

Wendy: "so [your dad is] more understanding...?"

Mary: "yeah, he doesn't worry like my mum, he thinks I'm getting more responsible. A year ago he thought I wasn't responsible but he can see that I'm getting more responsible now"

Wendy: "does he mind you going out?"

Mary: "no not really"

Wendy: "he doesn't try and argue your point to your mum?"

Mary: "mm, he used to but he's just given up because my mum wouldn't listen, she's just...she just hears what she wants to and doesn't hear what we've got to say"

[Female, aged 17]

The qualitative findings strongly suggest that 'authoritative' parenting during adolescence is associated with young people having better social, mental and emotional well-being in young adulthood. Additionally, consistent, appropriate rule setting during adolescence seems related to young people feeling in control of their own lives, and having an internal 'locus of control'. As discussed in Chapter 1 though, a child's health and behaviour could influence their later well-being, either directly or by affecting the way their parents relate to them during adolescence. Therefore the relationship between 'authoritative' parenting and later well-being is perhaps more complex than these findings suggest and this serves as a caveat for the results discussed throughout this chapter.



### 11.4 Family life and well-being in young adulthood: Findings from the BHPS

The analysis using the BHPS data focused on the SF36 dimensions of mental health, energy and vitality and general health perception and also on the indicators of satisfaction with life and perceived social support. These measures were outlined fully in Chapter 4. Each indicator of well-being in adulthood is analysed with regard to both parenting style and family type in adolescence.

#### 11.4.1 Parenting style and the SF36 dimensions of well-being

Parenting style was associated with all of the indicators from the SF36 (Table 11.1) for men and for women, with the exception of women's mental health. Although there was some difference in the mental health scores on the SF36 for women these are attributable to random error. Men raised by 'authoritative' parents in 1994 were more likely to have a higher mean score<sup>1</sup> for mental health in 1999 than men parented in other ways ( $F\ 3.11(1)$ ,  $p<0.10$ ). Men from 'authoritative' families had a mean score of 84.9, whereas men parented in other ways had scores ranging from 81.4 to 82.4.

**Table 11.1 BHPS 1994 &1999: Distribution of young people aged 16-20 by their mean scores for mental health, energy/vitality and general health in 1994, by parenting style in 1999 and gender**

Table 1. Mean scores on SF36 by parenting style in 1999 and gender.				
Parenting style	n	SF36 Mental Health	SF36 Energy/Vitality	SF36 General Health Perception
		Mean Score	Mean Score	Mean Score
<b>Females:</b>				
'authoritative'	118	79.4	68.0	75.6
'permissive'	46	80.4	62.8	67.7
'disengaged'	55	77.7	61.6	71.4
'authoritarian'	69	77.4	65.5	71.4
All	288	78.9	65.4	72.4
<b>Males:</b>				
'authoritative'	91	84.9	72.9	79.6
'permissive'	52	82.2	69.0	81.5
'disengaged'	51	82.4	71.0	79.4
'authoritarian'	102	81.4	67.4	74.5
All	296	82.8	70.0	78.1*

Excluded cases: 9 (2%) of cases were excluded because of item non-response on some of the original SF36 questions

\* Significance of differences in distribution (from ANOVA F statistic):

Males: Parenting style by general health perception:  $F\ 2.71(3)$ ,  $p<0.05$

<sup>1</sup> SF36 scores range from 0 (worst well-being) to 100 (best well-being)



On the measure of energy and vitality, young women who were in 'authoritative' or 'authoritarian' families in 1994 had higher scores for energy and vitality when they were aged 16-20 than did women from 'disengaged' or 'permissive' families ( $F\ 5.82(1), p<0.05^2$ ) (Table 11.1). This could however be associated with the age distribution of young people parented in 'authoritative' and 'authoritarian' families; this will be addressed in the multivariate analyses later in this chapter. Young men from 'authoritative' families had a higher mean score for energy and vitality when they were 16-20 than their peers who were in 'authoritarian' families in 1994 (Table 11.1). Men from 'authoritative' families had a mean score of 72.9 in 1999 whereas men from 'authoritarian' families had a mean score of 67.4 ( $F\ 6.21(1), p<0.05$ ).

Young women who were from 'authoritative' families had significantly higher mean scores for self-reported general health than did their peers from 'permissive' families ( $F\ 4.66(1), p<0.05$ ). They scored 75.6 whereas young women from 'permissive' families scored 67.7 (Table 11.1). For young men, being in an 'authoritarian' family during adolescence was associated with having a lower score for general health 5 years later. Young men from 'authoritative' families had a mean score of 79.6 compared with men from 'authoritarian' families who scored 74.5 ( $F\ 3.97(1), p<0.05$ ). Young men from 'permissive' families also scored significantly higher for general health than did men from 'authoritarian' families ( $F\ 4.94(1), p<0.05$ ).

So, as I found in the qualitative data, being parented 'authoritatively' during adolescence was associated with better well-being in young adulthood. Adolescents parented in this way went on to have more energy and vitality, better perceived general health, and for men, better mental well-being. For women, being in a 'permissive' family in 1994 was particularly associated with having poorer well-being 5 years later whereas for young men, being in an 'authoritarian' family when 11-15 had the worst outcome in terms of well-being. 'Permissive' families are characterised by frequent dialogue but a lack of rules and boundaries whereas 'authoritarian' families usually exert too much control with little emotional warmth and therefore it is perhaps these dimensions of

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<sup>2</sup> Women from 'authoritative'/'authoritarian' families were compared with those from 'disengaged'/'permissive' families



family life that are associated with worse outcomes later on for women and for men. Whether these findings are in fact attributable to the gender and age differences in the young people parented by each of these types will be ascertained later in this chapter.

**11.4.2 Family type and the SF36 dimensions of well-being**

Family type was also associated with some of the SF36 measures of well-being (Table 11.2) but only for young women. For young men, being in an intact, step or lone parent family in adolescence was not associated with scores for mental health, energy and vitality or general health in young adulthood.

**Table 11.2 BHPS 1994 &1999: Distribution of young people aged 16-20 by their mean scores for mental health, energy/vitality and general health in 1999, by their family type in 1994 and gender**

		SF36 Mental Health	SF36 Energy/ Vitality	SF36 General Health Perception
Family type	n	Mean Score	Mean Score	Mean Score
Females:				
Intact	221	78.8	65.8	72.9
Step	21	71.8	59.3	67.4
Lone parent	49	81.3	66.3	71.7
All	291	78.5*	65.4	72.3
Males:				
Intact	217	82.5	70.0	77.8
Step	28	82.4	68.0	76.4
Lone parent	53	84.0	71.0	79.8
All	298	82.8	70.0	78.0*

Excluded cases: 3 (<1%) of cases were excluded because of item non-response on some of the original SF36 questions

Significance of differences in distribution (from ANOVA F statistic):

\*Females: Parenting style by mental health: F 3.05(2), p<0.05

\* Males: Parenting style by general health perception: F 2.71(3), p<0.05

Women from lone parent families had a mean mental health score of 81.3 compared with women from stepfamilies, who had a score of 71.8 (F 6.14(1), p<0.05) (Table 11.2). Women from intact families also had significantly higher scores than the women from stepfamilies (F 4.09(1), p<0.05). For energy and vitality, women from lone parent families had a mean score of 66.3, whilst women from stepfamilies scored just 59.3 (F 3.15(1), p<0.10). Women from intact families scored 65.8, which was also significantly higher than the score for young women from stepfamilies (F 2.85(1), p<0.10). There was no difference between the scores for general health.



So the analysis suggests that for men, family type was not important in explaining levels of well-being whereas for women being in a stepfamily earlier on was associated with lower scores for mental health and energy and vitality. The relative importance of parenting style and family type will be assessed in the multivariate analyses later in this chapter. But what about the other measures of well-being in young adulthood, satisfaction with life and perceived social support?

#### **11.4.3 Parenting style, satisfaction with life and perceived social support**

Parenting style in adolescence had some association with whether young people reported being satisfied with their life when they were 16-20 but there was no association with whether young people felt they had excellent perceived social support (Table 11.3). This is at odds with the qualitative findings on parenting style and perceived social support but it is quite likely that the social support indicator derived from the BHPS data did not differentiate adequately between levels of support.

Young women who were in an 'authoritative' family in 1994 were more likely to report being satisfied with life 5 years later than were young women from 'disengaged' families (Table 11.3). Fifty two percent of young women from 'authoritative' families reported being satisfied with life in 1999 compared with 32% of their peers from 'disengaged' families ( $\chi^2$  3.24(1),  $p < 0.10$ ). For young men, being in a 'disengaged' family in adolescence was associated with being more likely to be satisfied with life as a young adult, compared with young men from 'authoritarian' families. Three-quarters of young men from 'disengaged' families were satisfied with life when they were 16-20 compared with 50% of those from 'authoritarian' families ( $\chi^2$  3.84(1),  $p < 0.10$ ). So again it seems that being in an 'authoritarian' family in adolescence is associated with men having worse well-being when they have left school, although being more satisfied with life is not associated with coming from an 'authoritative' family.



**Table 11.3 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they were satisfied with life and reported having excellent perceived social support in 1999, by parenting style in 1994 and gender (row %)**

Parenting style	Satisfied with life (SWL)				Perceived Social Support (PSS)			
	SWL		Not SWL		Excellent PSS		Other PSS	
	n	%	n	%	n	%	n	%
<b>Females:</b>								
'authoritative'	59	(52)	54	(48)	113	(100)	99	(85)
'permissive'	22	(48)	24	(52)	46	(100)	42	(91)
'disengaged'	17	(32)	37	(69)	54	(100)	46	(84)
'authoritarian'	26	(39)	41	(61)	67	(100)	56	(82)
Total	124	(44)	156	(56)	280	(100)	243	(85)
<b>Males:</b>								
'authoritative'	52	(57)	40	(44)	92	(100)	66	(72)
'permissive'	31	(63)	18	(37)	49	(100)	38	(75)
'disengaged'	36	(75)	12	(25)	48	(100)	38	(81)
'authoritarian'	50	(50)	51	(51)	101	(100)	73	(72)
Total	169	(58)	121	(42)	290	(100)*	215	(74)

Excluded cases: 23 (4%) of cases excluded because of item non-response on the original SWL items or missing data on the parenting style variable, and 15 (3%) of cases excluded because of item non-response on the original PSS items or missing data on the parenting style variable

\* Significance of difference in distribution (Pearson chi-squared statistic):

Males: Satisfaction with life by parenting style:  $\chi^2$  9.33(3),  $p < 0.05$

#### 11.4.4 Family type, satisfaction with life and perceived social support

There was no association between whether young women or men grew up in an intact, step or lone parent family and whether they reported being satisfied with life or whether they had excellent perceived social support in 1999 when they were 16-20 (Table 11.4). Any differences are likely to be due to random error.

The quantitative data suggest that parenting style is more likely to be associated with young people's well-being when they get older than is family type.

Overwhelmingly, young men and women who reported being in 'authoritative' families in adolescence, when they were aged 11-15 were more likely to have better mental health, more energy and vitality, have a better perception of their general health and be more satisfied with life. Additionally, young women from 'authoritarian' families were more likely to have more energy and vitality and young men from 'permissive' families were more likely to report better general health. For young men, being in an 'authoritarian' family in adolescence was



associated with being more likely to have worse mental health, less energy and vitality and to report worse general health as well as being less likely to be satisfied with life in young adulthood. For young women, being in a 'permissive' family in adolescence was associated with less energy and vitality and worse general health. Young women from 'disengaged' families were less likely to be satisfied with life and have less energy and vitality. This suggests that young women are disadvantaged if they have parents who do not set adequate rules and boundaries in adolescence as neither 'permissive' parents nor 'disengaged' parents are thought to set many rules. For young men, poorer well-being is associated with experiencing too many rules which are not offset by a close relationship (i.e. an 'authoritarian' family).

**Table 11.4 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they were satisfied with life and reported having excellent perceived social support in 1999, by family type in 1994 and gender (row %)**

Family type	Satisfied with life (SWL)			Perceived Social Support (PSS)			
	SWL		Total	Excellent PSS		Other PSS	Total
	n	%		n	%		
<b>Females:</b>							
Intact	97	(45)	216 (100)	181	(83)	38 (17)	219 (100)
Step	7	(37)	19 (100)	19	(91)	2 (10)	21 (100)
Lone parent	20	(42)	48 (100)	45	(92)	4 (8)	49 (100)
Total	124	(44)	283 (100)	245	(85)	44 (15)	289 (100)
<b>Males:</b>							
Intact	122	(57)	213 (100)	160	(74)	56 (26)	216 (100)
Step	17	(63)	27 (100)	17	(63)	10 (37)	27 (100)
Lone parent	30	(58)	52 (100)	40	(78)	11 (22)	51 (100)
Total	169	(58)	292 (100)	217	(74)	77 (26)	294 (100)
Excluded cases: 18 (3%) of cases excluded because of item non-response on the original SWL items or missing data on the family type variable, and 10 (2%) of cases excluded because of item non-response on the original PSS items or missing data on the parenting style variable							

There were few associations between family type and well-being. For women, being in a stepfamily in adolescence was associated with worse mental health and less energy and vitality in young adulthood. Young women from lone parent families were no different in terms of well-being than their peers from intact families. Young men's well-being did not appear to be associated with the family type that they were in when they were 11-15.



### ***11.5 Multivariate analyses of family life and well-being***

Between 1994 when the BHPS youth panel were interviewed as adolescents about family life and 1999 when they were interviewed as young adults about well-being, a number of events and experiences could have occurred that affected their well-being. These 'unknown' covariates make examining 2 or more factors over time more difficult. However, I ran logistic regression models for each of the dependent well-being variables<sup>3</sup> and as well as including parenting style and family type in each model, I also adjusted for 3 other covariates, socio-economic status, age and gender. The dependent variables were entered into the models as dichotomous indicators. I used satisfaction with life (SWL/not SWL) and entered the mental health, energy & vitality and general health perception scores from the SF36 into the model as (1) a score equal to or above the overall mean score or (0) a score below the overall mean score.

The models were not run separately for each gender because of the relatively small numbers in each sub-group but an interaction term between parenting style and gender was added to each model. With the exception of the model for satisfaction with life, these did not improve the fit of the model and therefore they were removed. An interaction term for age and parenting style was included in the models for satisfaction with life, general health and energy and vitality because it was thought that the effect of parenting style on these dimensions of well-being could differ by age, based on the bivariate findings reported in Chapter 7 and 10. However, none of these terms improved the fit of the models they were included in and therefore they were removed from the final model. Only the main effects are shown in each model (with the exception of the model for satisfaction with life), that is, the effect of each covariate on the dependent well-being variable, when taking into account the other covariates included in the model.

#### **11.5.1 Satisfaction with life**

Parenting style had some association with whether young people were satisfied with life (Table 11.5). Young people from 'authoritarian' families had significantly

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<sup>3</sup> Except perceived social support. As this variable had no association in the bivariate analysis with parenting style or family type I did not include it in the multivariate analyses



different odds to the reference group, 'authoritative' families of being satisfied with life in 1999 when they were aged 16-20. Young people who had been in 'authoritarian' families in 1994 were 35% less likely than were those from 'authoritative' families to be satisfied with their life in 1999. Family type (intact, step, lone parent family) was not significantly associated with satisfaction with life when the other covariates were included in the model.

**Table 11.5 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 reporting that they were satisfied with life in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for (includes interaction term for gender and parenting style)**

	Odds ratio	95% confidence interval	
'permissive'	1.18	0.70	1.98
'disengaged'	1.11	0.64	1.90
'authoritarian'	0.65*	0.42	0.99
Step family	0.86	0.45	1.67
Lone parent family	0.90	0.52	1.54
Medium SES	0.58**	0.38	0.87
Low SES	0.87	0.52	1.41
Age	0.90	0.79	1.03
Female	0.45***	0.31	0.66
Female: 'permissive' family	0.61	0.22	1.67
Female: 'disengaged' family	0.18**	0.06	0.51
Female: 'authoritarian' family	0.72	0.31	1.69
N	567		
Missing	26 (4%)		
-2 log likelihood	748.2		
R <sup>2</sup>	0.064		

Reference categories: 'authoritative' family in 1994, intact family in 1994, high SES, male, female: 'authoritative'

\*p<0.05    \*\* p<0.01    \*\*\* p<0.001

Being in a family in 1994 that had a medium socio-economic status, rather than a high SES was negatively related to later emotional well-being. Young people from this type of family were almost half as likely as were their peers from better off families to be satisfied with life as a young adult. There was no significant difference in being satisfied with life however between young people from families with a low SES compared with those from families with a high SES. The reason for this is not clear. Gender was also associated with satisfaction with life. Women were less than half as likely as were men to be satisfied with life in 1999. This relationship with gender is over and above the effects of the other variables in the model. Additionally, the interaction between gender and parenting style



was significant; parenting style was differentially associated with satisfaction with life for men who had been in a 'disengaged' family than for women who had parents of this type.

11.5.2 Mental health

Parenting style was not significantly associated with having a SF36 mental health score higher than or equal to the mean score (Table 11.6). Family type did have a negative association with mental health; young people who lived in a stepfamily in 1994 were half as likely ( $p<0.05$ ) as were those who lived in an intact family to score highly on the mental health dimension of the SF36 five years later, in 1999. SES and age had no significant association with the mental health score. Gender had a negative relationship with mental health; women were almost half as likely ( $p<0.001$ ) as were men to have a high mental health score.

**Table 11.6 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high\$ mental health score in1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for**

	Odds ratio	95% confidence interval	
'permissive'	0.94	0.56	1.56
'disengaged'	0.69	0.42	1.13
'authoritarian'	0.79	0.52	1.21
Step family	0.50*	0.27	0.95
Lone parent family	0.94	0.56	1.59
Medium SES	0.83	0.56	1.24
Low SES	1.08	0.66	1.75
Age	0.94	0.83	1.07
Female	0.55***	0.39	0.77
N	581		
Missing	12 (2%)		
-2 log likelihood	776.4		
R <sup>2</sup>	0.034		

\$ 'high' refers to a score greater than or equal to the overall mean score  
Reference categories: 'authoritative' family in 1994, intact family in 1994, high SES, male  
\* $p<0.05$  \*\*\*  $p<0.001$

11.5.4 Energy and vitality

Parenting style had some association with energy and vitality (Table 11.7). Young people who lived with 'authoritarian' parents when they were an

adolescent in 1994 were half as likely ( $p<0.05$ ) as were those from 'authoritative' families to have a high SF36 energy and vitality score 5 years later in young adulthood. Family type and SES were not significantly associated with energy and vitality when the other covariates were included in the model. Age was associated with energy and vitality and women were half as likely as were men to have a high score for energy and vitality in 1999.

**Table 11.7 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high\$ energy & vitality score in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for**

	Odds ratio	95% confidence interval	
'permissive'	0.65	0.39	1.09
'disengaged'	0.69	0.41	1.15
'authoritarian'	0.50**	0.33	0.77
Step family	0.69	0.36	1.29
Lone parent family	1.39	0.81	2.37
Medium SES	1.13	0.75	1.70
Low SES	0.69	0.42	1.13
Age	0.84**	0.74	0.96
Female	0.50**	0.42	0.83
N	581		
Missing	12 (2%)		
-2 log likelihood	759.0		
R <sup>2</sup>	0.053		

\$ 'high' refers to a score greater than or equal to the overall mean score  
Reference categories: 'authoritative' family in 1994, intact family in 1994, high SES, male  
\*  $p<0.05$  \*\*  $p<0.01$

### 11.5.5 General health perception

Although none of the odds for the parenting styles were significant at conventional 5% levels (Table 11.8), the p-value for the odds (0.64) of young people who lived in 'authoritarian' families in 1994 having a high general health score was 0.053 (the 95% confidence interval was 0.42 - 1.01) and therefore this suggests that there was some association between being in an 'authoritarian' family in adolescence and having lower odds of having a high general health score (Table 11.8). Family type and SES in 1994 had no significant association with general health when the effects of the other covariates were taken into account. Age had no association with general health. Gender, as with the other models discussed above, did have a relationship with general health. Women



were 39% less likely than were men to have a high score for perception of their general health.

**Table 11.8 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 having a high\$ general health perception score in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for**

	Odds ratio	95% confidence interval	
'permissive'	1.10	0.65	1.85
'disengaged'	0.72	0.43	1.18
'authoritarian'	0.66	0.42	1.01
Step family	0.55	0.30	1.04
Lone parent family	1.07	0.63	1.82
Medium SES	0.99	0.66	1.48
Low SES	0.83	0.51	1.35
Age	0.95	0.84	1.08
Female	0.61**	0.43	0.85
N	583		
Missing	10 (2%)		
-2 log likelihood	775.3		
R <sup>2</sup>	0.031		

\$ 'high' refers to a score greater than or equal to the overall mean score

Reference categories: 'authoritative' family in 1994, intact family in 1994, high SES, male

\* p<0.05

The multivariate models suggest that even with the relatively small sample size available in the BHPS, parenting style in adolescence was associated with well-being in young adulthood even when the other pertinent factors were controlled for. Young people who were in 'authoritarian' families in 1994 when they were aged 11-15 were less likely than were youth in 'authoritative' families to be satisfied with their life and less likely to have high scores for energy and vitality and perceptions of general health (though these odds did not reach significance at the 5% level) when they were 16-20.

Additionally being in a 'disengaged' family in adolescence was associated with being satisfied with life differently for men and for women; women had lower odds of being satisfied than did men. Family type was associated with young people's well-being only on the SF36 dimension of mental health. Young people who were in a stepfamily in 1994 were less likely than youth from intact families to have a high score for mental health 5 years later. Parenting style was not



significantly associated with mental health so this suggests that family type and parenting style in adolescence are associated with different dimensions of well-being in young adulthood, rather than one of these being more important than the other.

I discussed in Chapter 10 how emotional well-being in adolescence was associated with well-being in young adulthood so it is perhaps pertinent to also examine how family life is associated with emotional well-being at both these points in the life course.

### *11.6 Parenting style and happiness at two points in time*

Young women were less likely to be unhappy in 1994 and in 1999 if they were in an 'authoritative' family in 1994, when compared with women from 'disengaged' ( $\chi^2$  13.96(1),  $p < 0.001$ ) and 'authoritarian' families ( $\chi^2$  6.82(1),  $p < 0.01$ ) (Table 11.9). A quarter of young women from 'authoritative' families were unhappy at the time of both surveys compared with 37% from 'authoritarian' families and 46% from 'disengaged' families. Young women, conversely, were also more likely to be happy in adolescence and adulthood if they were from 'authoritative' families compared with those from 'disengaged' and 'authoritarian' families. There was no difference by parenting style for the proportion of young women whose happiness was less consistent between the surveys (i.e. those who were happy in 1994 but unhappy in 1999 or those who were unhappy in 1994 but happy in 1999).

Young men were more likely to be unhappy in 1994 and in 1999 if they were from 'authoritarian' families, when compared with their peers from 'disengaged' families ( $\chi^2$  3.54(1),  $p < 0.10$ ) (Table 11.9). So young men from 'authoritative' families were not the least likely to be unhappy at the time of both surveys. There was no difference by parenting style in the proportion of young men who were happy in 1994 and in 1999. Young men from 'disengaged' families were much more likely to have 'improved' their happiness than their peers from 'authoritarian' families ( $\chi^2$  4.47(1),  $p < 0.05$ ); 15% of men from 'authoritarian' families were unhappy in 1994 but happy in 1999 compared with 31% of men from 'disengaged' families. This suggests that if being in a 'disengaged' family is associated with young men being more likely to be unhappy in adolescence,



then these effects might not be long lasting; this is less likely to be so for young men from 'authoritarian' families. Earlier in this chapter I suggested that the young people I interviewed who were from 'disengaged' families were more likely than were those from 'permissive' and 'authoritarian' families to have medium, not low self-esteem in young adulthood. Additionally, in Chapter 8 I discussed how the eating habits of young people from 'disengaged' families were less likely to be associated with trying to identify with peers. So it seems that young people from 'disengaged' families are for some reason more resilient to the effects of not having a close relationship with their family than are their peers from 'authoritarian' families. Interestingly, young men from 'authoritative' families (Table 11.9) were more likely than were men from 'disengaged' families ( $\chi^2$  4.67(1),  $p<0.05$ ) to report 'deteriorating' happiness between the surveys (i.e. they were more likely to be happy in 1994 but unhappy in 1999). This suggests also that young men benefit from being in a family where there are fewer rules, even if that means experiencing less warmth and dialogue too.

**Table 11.9 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they reported being happy in 1994 and in 1999, by parenting style from 1994 and gender (row %)**

Parenting style	Not happy 1994 & 1999		Happy in 1994, not happy in 1999		Not happy in 1994, happy in 1999		Happy in 1994 and 1999		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Female:</b>										
'authoritative'	29	(25)	25	(22)	19	(16)	43	(37)	116	(100)
'permissive'	15	(33)	9	(20)	8	(17)	14	(30)	46	(100)
'disengaged'	25	(46)	12	(22)	10	(19)	7	(13)	54	(100)
'authoritarian'	25	(37)	16	(24)	14	(21)	12	(18)	67	(100)
All	94	(33)	62	(22)	51	(18)	76	(27)	283	(100)
<b>Male:</b>										
'authoritative'	19	(21)	21	(23)	13	(14)	39	(42)	92	(100)
'permissive'	9	(18)	11	(22)	9	(18)	22	(43)	51	(100)
'disengaged'	7	(15)	5	(10)	15	(31)	21	(44)	48	(100)
'authoritarian'	32	(32)	19	(19)	15	(15)	35	(35)	101	(100)
All	67	(23)	56	(19)	51	(18)	117	(40)	292	(100)

Excluded cases: 18 (3%) of cases were excluded because of item non-response on the original happiness items or missing data on the parenting style variable

So for young women, being in an 'authoritative' family was associated with a greater likelihood of being happy in 1994 and 1999, whereas being in an 'authoritarian' or 'disengaged' family was associated with a greater likelihood of



being unhappy at both points in time. For young men however there was no difference in the proportion who were happy in 1994 and 1999 but being in an 'authoritarian' family was associated with being more likely to be unhappy, compared with young men from 'disengaged' families. These young men from 'disengaged' families were also more likely, if they were unhappy in 1994, to report being happy in 1999.

### 11.6.1 Family type and happiness in adolescence and adulthood

There was no association between the 'happiness change' variable and whether young people grew up in an intact, step or lone parent family (Table 11.10). As none of the differences between the family types were significant, they are perhaps due to random error.

**Table 11.10 BHPS 1994 & 1999: Distribution of young people aged 16-20 by whether they reported being happy in 1994 and in 1999, by whether they were in an intact, step or lone parent family in 1994 and gender (row %)**

Family type	Not happy 1994 & 1999		Happy in 1994, not happy in 1999		Not happy in 1994, happy in 1999		Happy in 1994 and 1999		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Female:</b>										
Intact	69	(32)	50	(23)	43	(20)	56	(26)	218	(100)
Step	9	(47)	3	(16)			7	(37)	19	(100)
Lone parent	18	(37)	10	(20)	8	(16)	13	(27)	49	(100)
All	96	(34)	63	(22)	51	(18)	76	(27)	286	(100)
<b>Male:</b>										
Intact	45	(21)	48	(22)	38	(18)	85	(39)	216	(100)
Step	7	(26)	3	(11)	6	(22)	11	(41)	27	(100)
Lone parent	16	(31)	6	(12)	8	(16)	21	(41)	51	(100)
All	68	(23)	57	(19)	52	(18)	117	(40)	294	(100)
Excluded cases: 13 (2%) of cases were excluded because of item non-response on the original happiness items or missing data on the family type variable										

### 11.7 Multivariate analyses of happiness in 1994 and in 1999

To further examine these findings on happiness in 1994 and 1999 I ran a logistic regression model. I entered parenting style, family type and socio-economic status into the models, all taken from when the young person was an adolescent in 1994. Age and gender were also included in each model. I did not run the analyses separately for each gender because of the relatively small numbers in some categories of the independent variables. I did however enter an interaction term between gender and parenting style. This did not improve the fit of the



model it was included in and therefore the effects shown in the table below are for the main effects of each variable on the dependent variables, taking into account all of the other covariates in the model.

Table 11.11 shows that young people from an 'authoritarian' family in adolescence were about twice as likely ( $p<0.01$ ) as were their peers who were in an 'authoritative' family in 1994 to be unhappy in both 1994 and in 1999. Also, even though family type was not significantly related to this outcome in the bivariate analyses (which were split by gender), young people from stepfamilies were more than twice as likely as were their peers from intact families to be unhappy in 1994 and 1999. This effect is in addition to the effect of being in an 'authoritarian' family in adolescence. SES showed no significant association with unhappiness when the other effects were controlled for. Age had a positive association with unhappiness, young people were more likely to be unhappy in 1994 and 1999 the older they were. Young women were almost twice as likely as were men to be unhappy in adolescence and in young adulthood. This is in line with the other findings on gender discussed in this chapter.

**Table 11.11 BHPS 1994 & 1999: Odds ratios of young people aged 16-20 reporting being unhappy in 1994 and in 1999 when parenting style, family type and socio-economic status from 1994, age and gender are controlled for**

	Odds ratio	95% Confidence Interval	
'permissive'	0.94	0.50	1.65
'disengaged'	1.19	0.67	2.10
'authoritarian'	1.95**	1.21	3.13
Step family	2.24*	1.12	4.48
Lone parent family	1.77	0.98	3.17
Medium SES	1.55	0.99	2.43
Low SES	0.90	0.50	1.59
Age	1.24**	1.08	1.44
Female	1.85**	1.26	2.73
N	572		
Missing	21 (4%)		
-2 log likelihood	640.8		
R <sup>2</sup>	0.060		
Reference categories: 'authoritative' family in 1994, intact family in 1994, high SES in 1994, male			
* $p<0.05$ ** $p<0.01$			



### *11.8 Conclusion*

In Chapter 7 I concluded that young people who grow up in 'authoritative' families are generally closer to their parents and are used to their parents setting appropriate boundaries and being more involved in their daily life than are young people parented in other ways. Bearing in mind the caveat discussed at the end of Section 11.3, regarding other confounding factors, it would seem from the analyses presented in this chapter that 'authoritative' parenting is associated with young people being more likely to report better well-being in young adulthood. The young people I interviewed who grew up in an 'authoritative' family were more likely to have good perceived social support, high self-esteem and were more satisfied with life, compared with their peers parented in other ways. It seems that parenting where there was closeness and boundaries, or no closeness or boundaries was better for self-esteem in young adulthood than experiencing parenting that was high on one dimension but low on the other. The issue of 'locus of control' seemed more related to the control dimension of parenting in adolescence, rather than one particular parenting style. The young people in the BHPS who were parented 'authoritatively' when they were 11-15 had more energy and vitality, reported better general health and men also had better mental health whilst women were more likely to be satisfied with life in 1999. For women, growing up in a 'disengaged' or 'permissive' family was associated with poorer outcomes whilst for men, 'authoritarian' parenting was associated with a greater likelihood of having poorer well-being in early adulthood. I discussed in Chapter 7 how parenting style was associated with gender and age. The multivariate analyses in this chapter controlled for these covariates, and also for socio-economic status. The models suggested that young people from 'authoritarian' families were more likely to have less energy and vitality and report worse general health than were their peers from 'authoritative' families. The effect of living in an 'authoritarian' family is over and above the association between this parenting style and gender (more men were likely to be parented this way) and age. Young people from 'authoritarian' families were also more likely to be unhappy in both adolescence and in 1999, when they were 16-20. Although the indicator of parenting styles used with the BHPS is based on a very limited number of questions from the youth survey,



these findings are similar to those reported from the qualitative study, where more broad indicators of closeness and rules were used in the analysis.

Family type, whether young people grew up in an intact, step or lone parent family showed less association with the well-being measures than did parenting style. Young women from stepfamilies appeared to have worse mental health and energy and vitality though there was no such association for young men. In the multivariate analyses the association between family type and mental health remained significant; young people from stepfamilies seem to have worse mental health in young adulthood than their peers from intact or lone parent families. There was no association between parenting style and mental health. Additionally in the multivariate analysis of whether young people were unhappy in 1994 and in 1999, young people from stepfamilies were significantly more likely than were their peers from intact families to be unhappy at both time points.

As I discussed in Chapter 10, reporting poorer general health was associated with young people not being in education, employment or training (NEET). Therefore being parented in a way that is associated with better general health could perhaps offer young people some protection against becoming NEET. In this chapter perceived social support had no association in the quantitative data with either parenting style or family type, though this was perhaps because of the lack of differentiation between the levels of social support identified by the measure used. Analysis of the qualitative data did however strongly suggest that perceived social support was greater among young people who had been parented 'authoritatively and so again this parenting style could perhaps offer some protection against young people becoming NEET. These are however only tentative suggestions given that I have not directly analysed parenting style against young people's economic outcomes nor have I determined whether poor well-being precedes or follows young people becoming NEET. In the next chapter though I consider whether young people's transitions after school are associated with whether or not they eat healthily. Given the importance of the association between well-being and transitions, as already discussed in Chapter 10, I also analyse whether the association between eating healthily and transitions is mediated by well-being status in young adulthood.



## CHAPTER 12

### Eating Well, Feeling Well?

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The aim of Chapter 12 is to analyse the transition episodes important in this thesis, participation in full time education, being in full time employment or being NEET (not in education, employment or training) and how these episodes are related to young people's diets. An additional important objective is to analyse how the relationship between eating healthily and these transitions might be mediated by different levels of well-being. Firstly I use data from the interviews with young people at South East Essex College to examine what happened to young people's eating habits when they made the move from school to college. Then, using the data from the Health Survey for England from 1993/94 and 1998 I look at young people aged 16-24 and analyse whether students were eating more or less healthily than were their peers who were in full time work and those who were NEET. The indicators of eating 'healthily', a healthy diet score and bands indicating fat and fibre consumption were discussed in Chapter 5, Section 5.5.

In Chapter 10 I discussed how young people in different educational and economic settings differed in terms of well-being. Young people who were NEET were more likely to report worse perceived social support and poorer general health. Young people in full time work were more likely to report worse perceived social support than were students but they were more likely to have better mental health. So in this chapter I analyse whether young people in these different settings differed in terms of whether their diet was healthy or not. This is important because young people who are eating unhealthily and who have worse well-being might be less likely to make any positive dietary changes as they get older. I first discussed positive dietary change - eating fruit instead of high fat snacks and eating regular meals for example, in Chapter 8 and this is discussed further in this chapter. The qualitative data are presented around the core theme of perceived social support. I discussed how social support was a crucial facet of young people's well-being in Chapter 10, and this is used to help explain which young people were eating healthily and who was not. Other dimensions of well-being, locus of control and self-esteem for example are examined in relation to social support and diet. As in Chapter 11, I also



comment on the analysis of young people who fell outside the overall theory about well-being and diet to show how generalisable the qualitative findings are (within the group analysed at least).

Then I use the HSFE data to analyse whether students, young people in work and those NEET had different diets if they had better or worse well-being. As well as bivariate analysis I also use logistic regression to analyse whether diet is associated differently with well-being for young people in different educational and economic contexts when other important covariates are taken into account.

So this chapter draws together the analysis on healthy eating and that on well-being and considers both of these issues in the current context of young people's lives. I continue now with a look at the qualitative data on diet during the period after leaving school

### ***12.1 College, work and finding time to eat***

Several young people who I interviewed said that they had eaten lunch when at school because they got free school meals, or because their parents expected them home for lunch. Only one interviewee said that she did not eat lunch regularly during her school years. Although a minority were given a packed lunch to take to college by their mother, generally young people became responsible for their own lunch after leaving school and a considerable number had not adjusted to this change when I spoke to them.

Wendy: "so how has it changed from when you were at school?"

Shan: "well at school I had to eat my lunch, I used to get free lunch, I had to eat it. I always used to eat at school once a day. At college now, I didn't eat nothing at college today but I went into McDonalds and had a quarter cheese burger, and that will last me for the whole day, a cheese burger"

[Female, aged 16]

When questioned about why they did not eat whilst they were at college, some young people said they just did not think about it, others said there was not enough time and some young people did not feel comfortable eating in front of

their peers. This was not just associated with going to college. Most young people had part-time jobs too and fitting these in with college often meant that meals were skipped. Young people either waited until they were at home to eat, or they ate a snack to replace a meal.

Wendy: "and what about since you've been working?"

Amelia: "no not really I don't think...I might skip...if I'm working in the mornings I might skip, I don't have time for breakfast, so I suppose it might have affected that because I always used to have breakfast on a Sunday morning and I don't tend to have that, or if I have a break, I have a break at 9 o'clock, I have a Snickers bar and Red Bull just to keep me awake! So that's not very good!"

[Female, aged 17]

Young people's changing schedules also affected their family meal times. Work commitments meant that they were not at home when the family meal was served, and quite often this meant that they had to prepare and cook meals for themselves when they got home. With the exception of one young woman, all young people who prepared their own meals but who still lived at home acknowledged that the food they prepared for themselves was chosen for convenience. This often meant for example, that vegetables were not eaten. Some parents of the young people interviewed did keep food back from the family meal, for re-heating later. The young people who missed family meals because of their work schedule usually saw this as an unwelcome change.

Wendy: "do you all have microwave meals?"

Lorna: "no, because I'm working, I don't really sit with my family a lot, I have my dinner from the microwave, in my room [...]"

Wendy: "have you always done that, what about when you were at school?"

Lorna: "no, no I did eat with my family then, cause I do miss my mum's meals, and sometimes like last night, she saved me a curry for when I got home from work, and I eat at half ten at night and then go to bed, that's how it works out, I have it later on"

[Female, aged 18]



So for most young people in the qualitative study, food and meals had been 'down-graded' in importance somewhat since they had left school, though this was by no means a conscious or desired change. These findings about the transition to college and part-time work provide a contrast to the findings discussed in Chapter 8. In that chapter I concluded that young people use food as a way of detaching themselves from family norms whilst strengthening their ties with peers. This was undoubtedly the case, but the evidence presented in this chapter suggests that the structural changes that young people experienced put an additional strain on young people's eating habits. This highlights the magnitude of effects that the transition to adulthood might have for young people's food choices. But do students eat more poorly than other young people do?

### *12.2 Current activity and eating healthily*

Young people who were students in the HSFE tended to eat more healthily than did their peers who were in employment or NEET. Students were more likely to have a high healthy diet score, less likely to eat a high fat diet and more likely to eat a diet high in fibre. It is possible that students have better access to healthier meals and snacks at their college or university, than do young people who are working or who are NEET. Certainly the young people I interviewed at South East Essex College had access to a wide range of foods at the college refectory and healthier options were always available throughout the day. It is also possible that young people who eat more healthily are more likely to enter FE or HE than their peers with poorer diets, which is likely to be associated with socio-economic status (as discussed in Chapter 8).

Twenty seven percent of young people who were students had a high healthy diet score compared with 21% of young people who were in full time employment ( $\chi^2 10.97(1)$ ,  $p < 0.01$ ) (Table 12.1). Young people in work were however more likely to have a high diet score than their peers who were NEET ( $\chi^2 25.44(1)$ ,  $p < 0.001$ ).

Students were less likely to be eating a high fat diet than were their peers in work ( $\chi^2 4.03(1)$ ,  $p < 0.05$ ) or who were NEET ( $\chi^2 7.10(1)$ ,  $p < 0.01$ ) (Table 12.2).



Nineteen percent of students were eating a diet high in fat compared with 24% of those in work and 28% of young people who were NEET. There was no difference in the proportion who were eating a low fat diet. About a third of young people were eating a low fat diet, irrespective of whether they were students, in work or NEET.

**Table 12.1 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score band and whether they were in full time education, employment or were NEET\$ (row %)**

Current activity	Healthy diet score							
	High		Medium		Low		Total	
	n	%	n	%	n	%	n	%
Student	351	(27)	754	(57)	218	(17)	1323	(100)
Working	433	(21)	1227	(58)	440	(21)	2100	(100)
NEET\$	90	(12)	482	(62)	209	(27)	781	(100)
All	874	(21)	2463	(59)	867	(21)	4204	(100)***

Excluded cases: 13 (<1%) cases were excluded because of missing data on the current activity variable

\$ Not in education, employment or training

Significance of difference in distribution (Pearson chi-squared statistic):

\*\*\* Current activity by healthy diet score,  $\chi^2$  80.55(4), p<0.001

Young people who were students were more likely to be consuming a higher fibre diet than either young people in employment ( $\chi^2$ 10.37(1),  $p<0.01$ ) or those NEET ( $\chi^2$  12.34(1),  $p<0.001$ ) (Table 12.2). Over one quarter of students were classified by the higher fibre band compared with 19% of young people in work and 15% of those who were NEET. Young people who were working were also less likely than young people who were NEET to be eating an average amount of fibre ( $\chi^2$  7.99(1),  $p<0.01$ ). Over half of young people with full time jobs were not classified by the fibre band. This suggests that they were more likely than were other young people to not include breakfast cereal or bread in their daily diet, because as I discussed in Chapter 8, young people who did not have a fibre score computed are thought to not eat these foods. The young people I interviewed were much less likely to eat breakfast, and more likely to eat a snack at lunchtime (rather than a sandwich for example) if their day started early with little time to buy or prepare proper foods. This therefore could be why young people in full time work seem to be less likely to eat breakfast cereal and bread. However, as I discussed in Chapter 8, young people eat in order to fit in with their peers; if young people in work find that their colleagues skip breakfast then this might be associated with them adopting the same habit.



**Table 12.2 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands and whether they were in full time education, employment or were NEET\$ (row %)**

Current activity	Fat band						Fibre band					
	Low		Medium		High		No fat band		Total		Higher	
	n	%	n	%	n	%	n	%	n	%	n	%
Student	212	(35)	184	(30)	116	(19)	101	(17)	613	(100)	162	(26)
Working	341	(36)	246	(26)	228	(24)	133	(14)	948	(100)	179	(19)
NEET\$	103	(33)	82	(26)	87	(28)	42	(13)	314	(100)	47	(15)
All	656	(35)	512	(27)	431	(23)	276	(15)	1875	(100)*	388	(21)
Excluded cases: 6 (<1%) of cases were excluded because of missing data on the current activity variable Significance of difference in distribution (Pearson chi-squared statistic):												
* Current activity by fat band, $\chi^2$ 13.06(6), p<0.05												
*** Current activity by fibre band, $\chi^2$ 40.62(4), p<0.00												
											232	(38)
											487	(51)
											140	(45)
											859	(46)
											613	(100)
											948	(100)
											314	(100)
											1875	(100)***

So students were eating more healthily than were young people who were working full time or those who were unemployed or economically inactive (i.e. NEET). In Chapter 9 I concluded that young people participating in full time education were more likely to come from a family with a high socio-economic status and in Chapter 8 I found that young people eating a high fat diet were more likely to have a low socio-economic status (SES). So SES could be important in explaining these findings. Before moving on to discuss whether the association between education/work and diet differed by levels of well-being, the qualitative data first gives an opportunity to examine how diet and well-being were related, at least for students in further education.

### ***12.3 Well-being and eating healthily***

In chapter 10 I described how the young people I interviewed had either good, shaky or poor perceived social support. It was apparent that these different levels of support were important in explaining the eating habits of the young people in the study. Other areas of well-being that were connected with food choice were self-esteem, locus of control and physical well-being. All of these dimensions were discussed in Chapters 1 and 10 and therefore they are not defined again here.

#### **12.3.1 Having good perceived social support**

All of the young people with good social support (over half of the interviewees) tended to choose healthier snacks (like fruit) more often than the other young adults, despite the fact that they were more prone to 'mindless' comfort eating than young people with worse social support. These youth took advantage when their family offered the opportunity to eat healthier food and they managed to minimise more negative factors, like being constrained by time, perhaps because of higher levels of self-efficacy. Youth with better social support were more adept at controlling their emotional appetite (i.e. eating because of feeling sad, stressed or upset). Those with high self-esteem and an internal locus of control (LOC) managed to achieve quite substantial dietary changes.

Wendy: "so when you say you didn't eat crisps, you did..."

Carol: "I did, 7-8 weeks ago, but then, the diet's changed so much, I don't know...I don't know how I stuck to it. I feel like I'm eating more, but



I'm not, that sounds stupid, it's really weird, I feel like I'm eating more than I did. I suppose that's because I ate crisps and chocolate, and now I'm eating proper meals, and not snacking as much"

[Female, aged 19+]

Although having very good support usually meant that a healthier diet was chosen, this was somewhat dependent on levels of mental well-being. Young people with medium, rather than high, self-esteem tended to feel less in control of their lives (they had an external LOC) and they tended to achieve less positive changes to their diet after leaving school.

The only young people with good social support who did not achieve any really positive dietary changes, were those who had high self-esteem but a chance LOC. These young people (2 young women) were given a great deal of autonomy in adolescence and were encouraged to make their own decisions from an early age. This seems to have resulted in them having a cavalier attitude to life in general and they had very inconsistent eating habits. It has been suggested that having a chance LOC is related to eating more unhealthy foods (Bennett et al. 1994). However, these young people were actually eating quite healthy foods, it is just that they ate very infrequently.

Wendy: "how typical a day was this then?"

Susan: "yeah, pretty typical. The only thing I do that's bad is I miss meals. Sometimes, I don't really mind, yeah"

Wendy: "what do you mean you don't really mind?"

Susan: "it's more like through necessity that I eat, I do enjoy it, I really do like it, but I just forget about it I suppose, I don't hold it very important"

[Female, aged 19+]

Why having good perceived social support is related, on the whole, to choosing a healthier diet is difficult to determine with any certainty, because the relationship is difficult to unpack. There could be some confounding with age, which will be addressed in the multivariate analyses later in this chapter. However, it seems feasible that knowing that family and friends are supportive,

and feeling secure because of this, could lead individuals to take more 'risks' and experiment with eating more healthily. Young adults who are happy, and feel worthwhile and confident about their future, safe in the knowledge that their parents will always be there for them perhaps do not find it so difficult to then turn their attention to improving their diet. There was no evidence that having good support was related to having a better knowledge about eating healthily, compared with young people with less support.

### **12.3.2 Shaky perceived social support**

Levels of mental and emotional well-being differed for young people with shaky social support and this was related to their relationship with food, as well as their outlook on life more generally.

Those with low self-esteem were not satisfied with their lives and tended to blame others for any perceived difficulties (external LOC). They lacked confidence and their weight and appearance led to feelings of frustration and angst. Food was seen as a weapon, used to try and forge better relationships with peers but food also served as a 'punishment'. For example, Charlotte spoke about her love of toasted cheese and onion sandwiches, but she only 'allowed' herself these 'treats' if she felt comfortable with herself and was in a 'good mood'. These young people with low self-esteem also suffered from anxiety and refused to eat in quite a dramatic fashion when upset or stressed, often not eating anything at all for several days.

Wendy: "and what about when you're stressed or depressed...?"

Christina: "when I'm stressed or depressed I don't eat anything, I go the opposite. Like the last couple of days, it sounds silly, but I really miss my mum, I've never been away from her before [she's on holiday] and I haven't been able to eat properly..." [her eyes welled up at this point and she was unable to continue talking about this]

[Female, aged 17]

Young people with shaky social support who had medium, not low self-esteem were slightly more satisfied with their lives and had an internal or chance LOC.



This group was not as affected by their emotions, but if anything, they overate when upset or stressed.

Although there were differences within the group of young people with shaky social support, in terms of emotional well-being, nobody had made any positive changes to their diet<sup>1</sup> and these young people did not manage to eat healthier food even when it was available at home. Their eating was erratic, sometimes bordering on disordered for many of these young people and although no clear effect was noticeable on their physical well-being, it is likely that such poor food practices will result in physical wear and tear if continued over a period of time. These eating habits were exacerbated by the anxious feelings that arose from not feeling, day to day, that family and friends would support them, and 'be there' for them.

### **12.3.3 Poor perceived social support**

None of the young people with poor perceived social support was satisfied with their lives and most had poor physical well-being. There was a sense that they were worn down by not having any support over a long period, although they all had medium, not low self-esteem. No positive changes had been made to their eating habits since leaving school. There was a sense that eating healthily was simply not a priority. They were coping with life without any perceived support from family or peers, and although they were all pretty determined, this took up considerable energy. These young people often voiced concern about (mainly physical) health, and there was awareness that taking more care with their eating could alleviate illness. No respondent managed to act appropriately on this though.

Wendy: "is there anything else that's affected what you eat, or what you feel...?"

Tania: "the way my stomach is playing up, like it is now, it's more a gassy feeling I get, it makes me feel hungry, it's like a hunger pain I get, so I have to eat, but then I feel guilty for eating anything"

[Female, aged 17]

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<sup>1</sup> The two male young people in this category did make some changes, but not enough to be classified as having made positive changes overall

Having an emotional appetite affected the young women in this group and this was connected to concerns about weight. Any moderated eating occurred because of (unnecessary) weight worries.

Wendy: "...so sweets and chocolate, that's your big thing really, so how often would you say you eat [them]?"

Lorna: "about 2 to 3 times a day, but they're snack size ones, I don't eat the big ones, because if they were full [size] I'd just feel really bad, because it's quite fattening isn't it?"

[Female, aged 18]

Feeling upset, depressed or anxious led to over, and under eating. When young people skipped meals as a result of their emotional appetite, meals were sometimes skipped for several days. Sometimes young people (and probably adults generally) eat just because food is available, or out of boredom. Young people with shaky or poor social support were less likely to eat for this reason (but more likely to eat because of an emotional appetite).

There was a dramatic difference in eating habits between the young people I interviewed with good social support and those with shaky or very poor perceived support. This adds to the argument that parents, who provide much of the social support that is meaningful to young people, can be an important influence on the diet of their children, perhaps long after they have left home.

This chapter now turns to the analysis of the Health Survey for England data from 1993/94 and 1998 on well-being and diet in the context of whether young people were in full time education or not. In each of the survey years, questions were asked about mental well-being (using the GHQ12 questionnaire), perceived social support and general health.

#### ***12.4 Mental well-being and eating healthily in the context of tertiary education and economic activity***

Mental well-being was not associated with whether young people in the HSFE ate healthily. Young people who were participating in full time education, those



who were in work and those who were NEET were no more or less likely to eat healthily if they had good mental well-being than if they had poorer mental well-being.

There was no difference in whether young people who were students, in work or NEET had a high healthy diet score by whether they had good mental well-being or not (Table 12.3). The GHQ cases were not significantly more or less likely to have a high healthy diet score than the non-cases; therefore the small differences shown in Table 12.3 may be accounted for by random error.

**Table 12.3 HSFE 1993/94 Distribution of young people aged 16-24 by allocation to a healthy diet score band and whether they were classified as a GHQ case, split by current activity (row %)**

GHQ caseness	Healthy diet score							
	High		Medium		Low		Total	
	n	%	n	%	n	%	n	%
<b>Students</b>								
GHQ non-case	249	(26)	554	(57)	162	(17)	965	(100)
GHQ case	93	(29)	181	(56)	49	(15)	323	(100)
All	342	(27)	735	(57)	211	(16)	1288	(100)
<b>Work/training</b>								
GHQ non-case	345	(20)	977	(58)	371	(22)	1693	(100)
GHQ case	85	(23)	226	(60)	63	(17)	374	(100)
All	430	(21)	1203	(58)	434	(21)	2067	(100)
<b>NEET</b>								
GHQ non-case	63	(12)	331	(62)	138	(26)	532	(100)
GHQ case	23	(11)	134	(61)	62	(28)	219	(100)
All	86	(12)	465	(62)	200	(27)	751	(100)
Excluded cases: 111 (3%) of cases excluded because of item non-response on GHQ questions or missing data on the current activity variable								

Young people were also no more likely to have a low fat (or high fat) or high fibre diet if they had better mental well-being. Young people who were students, in work or NEET were about as likely to eat a low fat, high fat or higher fibre diet if they were a GHQ case as if they were a non-case (Table 12.6).

*12.5 Perceived social support and eating healthily in the context of tertiary education and economic activity*

Levels of perceived social support were associated with the likelihood that young people ate a healthy diet, but not across all of the measures analysed. Young people who were studying full time, those in work and those NEET were all more likely to have a high healthy diet score if they had no lack of perceived social



support than if they had some, or a severe lack of social support (Table 12.4). Only young people in full time work were more likely to eat a diet low in fat if they had no lack of social support (Table 12.7). There was no association between social support and eating a diet high in fibre, for any of the groups analysed (Table 12.7).

Students with no lack of perceived social support were more likely than were students with some lack of support ( $\chi^2$  5.76(1),  $p < 0.05$ ) to have a high healthy diet score, who in turn were also more likely to score highly than were those with a severe lack of social support ( $\chi^2$  3.14(1),  $p < 0.10$ ) (Table 12.4). Young people in full time employment were more likely to have a high diet score if they had no lack of support compared with their peers who had a severe lack of perceived social support ( $\chi^2$  10.87(1),  $p < 0.001$ ). A similar pattern was evident for young people who were NEET. Those who reported the best support were more likely than were those with some lack of support ( $\chi^2$  2.76(1),  $p < 0.10$ ) or those with a severe lack of social support ( $\chi^2$  9.66(1),  $p < 0.01$ ) to have a high diet score.

There was very little association between levels of support and eating a low fat, or a high fat diet (Table 12.7). Although there appear to be some differences in the proportion eating a diet low or high in fat in Table 12.7, most of these are not significant. Only young people in employment were more likely to eat a low fat diet if they had no lack of social support, compared with their peers who had a severe lack of perceived support ( $\chi^2$  3.59(1),  $p < 0.10$ ). There was no association between levels of perceived social support and eating a diet high in fibre, for young people who were students, those who were working or those who were NEET (Table 12.7).

**Table 12.4 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score band and levels of perceived social support, split by current activity (row %)**

Perceived social support	Healthy diet score						Total	
	High		Medium		Low			
	n	%	n	%	n	%	n	%
<b>Students</b>								
No lack of support	211	(31)	385	(56)	87	(13)	683	(100)
Some lack of support	101	(23)	261	(60)	71	(16)	433	(100)
Severe lack of support	30	(16)	95	(52)	59	(32)	184	(100)
All	342	(26)	741	(57)	217	(17)	1300	(100)***
<b>Work/training</b>								
No lack of support	247	(23)	619	(58)	204	(19)	1070	(100)
Some lack of support	142	(20)	416	(60)	137	(20)	695	(100)
Severe lack of support	40	(13)	173	(57)	93	(30)	306	(100)
All	429	(21)	1208	(58)	434	(21)	2071	(100)***
<b>NEET</b>								
No lack of support	46	(16)	173	(61)	67	(23)	286	(100)
Some lack of support	30	(11)	180	(65)	69	(25)	279	(100)
Severe lack of support	13	(6)	121	(60)	69	(34)	203	(100)
All	89	(12)	474	(62)	205	(27)	768	(100)**

Excluded cases: 78 (2%) of cases excluded because of item non-response on perceived social support questions or missing data on the current activity variable

Significance of differences in distribution (from Pearson chi square statistic):

\*\*\*Students: HDS by perceived social support:  $\chi^2$  48.19(4),  $p<0.001$

\*\*\*Working: HDS by perceived social support:  $\chi^2$  27.38(4),  $p<0.001$

\*\*NEET: HDS by perceived social support:  $\chi^2$  16.03(4),  $p<0.01$

**12.6 General health and diet outcome by current activity**

Whether young people reported that they were in very good health was associated with eating a healthier diet, but only on the healthy diet score measure. Young people in very good health were no more likely to eat a diet low in fat, high in fat or high in fibre than were their peers in less than good health (Table 12.8).

Thirty one percent of students who were in very good health had a high healthy diet score compared with 24% of those in worse health ( $\chi^2$  5.54(1),  $p<0.05$ ) (Table 12.5). A similar pattern was evident for young people in work and those who were NEET. Twenty five percent of young people who reported being in very good health and who were working had a high diet score compared with 18% of their peers who reported worse health ( $\chi^2$  11.64(1),  $p<0.01$ ). Fifteen percent of young people who were NEET and who reported being in very good



health had a high healthy diet score but only 10% of their peers who reported less than good health did ( $\chi^2$  4.27(1),  $p<0.05$ ).

**Table 12.5 HSFE 1993/94: Distribution of young people aged 16-24 by allocation to a healthy diet score band and self-reported general health, split by current activity (row %)**

General health	Healthy diet score							
	High		Medium		Low		Total	
	n	%	n	%	n	%	n	%
<b>Students</b>								
Other health	189	(24)	456	(58)	148	(19)	793	(100)
Very good health	162	(31)	298	(56)	70	(13)	530	(100)
All	351	(27)	754	(57)	218	(17)	1323	(100)**
<b>Work/training</b>								
Other health	234	(18)	778	(60)	282	(22)	1294	(100)
Very good health	199	(25)	449	(56)	158	(20)	806	(100)
All	433	(21)	1227	(58)	440	(21)	2100	(100)**
<b>NEET</b>								
Other health	55	(10)	340	(61)	159	(29)	554	(100)
Very good health	35	(15)	142	(63)	50	(22)	227	(100)
All	90	(12)	482	(62)	209	(27)	781	(100)*

Excluded cases: 13 (<1%) of cases excluded because of missing data on the current activity variable

Significance of differences in distribution (from Pearson chi square statistic):

\*\*Students: HDS by general health:  $\chi^2$  11.28(2),  $p<0.01$

\*\*Working: HDS by general health:  $\chi^2$  13.31(2),  $p<0.01$

\*NEET: HDS by general health:  $\chi^2$  6.93(2),  $p<0.05$

So it would appear that not all of the measures of well-being analysed were associated with whether young people were eating healthily or not. Mental well-being, as measured by the GHQ was not associated with the healthy diet score or eating a low fat or high fibre diet. The analysis in Chapter 10 suggested that being classified as a GHQ case was associated with whether young people were in employment or NEET and women were also more likely to be classified as a GHQ case than were men. Therefore it seems unlikely that the lack of association between GHQ and diet is because this indicator does not differentiate clearly between young people with different levels of mental well-being. So perhaps eating healthily is not mediated by having better mental well-being, at least, as measured by the GHQ.

In Chapter 10 I suggested that perceived social support was associated with whether young people were participating in tertiary education, employment or were NEET. The quantitative analysis in this chapter has suggested that for all



these young people, having very good support is associated with eating more healthily. Young people in all 3 groups analysed were more likely to have a high healthy diet score if they had no lack of support. Social support was not however clearly associated with whether young people ate a diet low in fat or high in fibre. Young people in employment were however more likely to eat a low fat diet if they had no lack of perceived social support. On the measure of self-reported general health there was also a clear association with the healthy diet score but not with the indicators of fat and fibre. Young people, regardless of whether they were students, in work or NEET were more likely to have a high healthy diet score if they reported very good health.

So perhaps social support and self-reported general health are associated with broad measures of eating healthily, like the healthy diet score, rather than with specific measures, like the indicators of fat and fibre. The fat and fibre variables do suffer quite extensively from missing data, which I have discussed in Chapters 5 and 8. The analysis in this chapter however does not indicate that there was a significant difference in those with good or poor well-being and whether they did or did not have an indicator derived for fat and fibre and therefore it is perhaps unlikely that this is associated with the lack of differentiation between well-being and fat and fibre.

I suggested earlier in this chapter that students were more likely to eat healthily than were young people in employment or those NEET and in Chapter 10 I concluded that young people who were NEET differed in their well-being to other young people. However, the analyses in this chapter have suggested that levels of well-being are associated with eating healthily for young people irrespective of whether they are participating in full time education, are in employment or are NEET. This does suggest that although young people in full time employment and those who are unemployed or economically inactive eat less healthily than do students, they are not more at risk of eating poorly if they have worse levels of well-being.



**Table 12.6 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and whether they were classified as a GHQ case (row %)**

GHQ caseness	Fat band						Fibre band											
	Low		Medium		High		No fat band		Total		Higher		Average		No fibre band		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Students</b>																		
GHQ non-case	145	(32)	137	(31)	91	(20)	76	(17)	449	(100)	113	(25)	168	(37)	168	(37)	449	(100)
GHQ case	55	(42)	36	(28)	20	(15)	20	(15)	131	(100)	39	(30)	41	(31)	51	(39)	131	(100)
All	200	(35)	173	(30)	111	(19)	96	(17)	580	(100)	152	(26)	209	(36)	219	(38)	580	(100)
<b>Work/training</b>																		
GHQ non-case	256	(35)	197	(27)	179	(24)	111	(15)	743	(100)	134	(18)	220	(30)	389	(52)	743	(100)
GHQ case	72	(42)	40	(23)	42	(24)	19	(11)	173	(100)	39	(23)	50	(29)	84	(49)	173	(100)
All	328	(36)	237	(26)	221	(24)	130	(14)	916	(100)	173	(19)	270	(30)	473	(52)	916	(100)
<b>NEET</b>																		
GHQ non-case	62	(32)	52	(26)	62	(32)	21	(11)	197	(100)	32	(16)	79	(40)	86	(44)	197	(100)
GHQ case	34	(35)	24	(25)	19	(20)	20	(21)	97	(100)	10	(10)	44	(45)	43	(44)	97	(100)
All	96	(33)	76	(26)	81	(28)	41	(14)	294	(100)*	42	(14)	123	(42)	129	(44)	294	(100)

Excluded cases: 91 (5%) of cases excluded because of item non-response on GHQ questions or missing data on the current activity variable

Significance of differences in distribution (from Pearson chi square statistic):

\*NEET: fat band by GHQ:  $\chi^2$  8.28(3), p<0.05

**Table 12.7 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and levels of perceived social support (row %)**

	Fat band				Fibre band					
	Low	Medium	High	No fat band	Total	Higher	Average	No fibre band	Total	
Students	n	%	n	%	n	%	n	%	n	%
No lack of support	129	(36)	107	(30)	62	(17)	61	(17)	359	(100)
Some lack of support	43	(29)	43	(29)	34	(23)	27	(18)	147	(100)
Severe lack of support	27	(38)	22	(31)	14	(19)	9	(13)	72	(100)
All	199	(34)	172	(30)	110	(19)	97	(17)	578	(100)
Work/training										
No lack of support	212	(40)	126	(24)	114	(22)	75	(14)	527	(100)
Some lack of support	90	(32)	74	(26)	76	(27)	40	(14)	280	(100)
Severe lack of support	31	(26)	37	(31)	34	(29)	16	(14)	118	(100)
All	333	(36)	237	(26)	224	(24)	131	(14)	925	(100)
NEET										
No lack of support	46	(37)	36	(29)	31	(25)	13	(10)	126	(100)
Some lack of support	26	(30)	20	(23)	25	(28)	17	(19)	88	(100)
Severe lack of support	25	(31)	20	(25)	24	(30)	11	(14)	80	(100)
All	97	(33)	76	(26)	80	(27)	41	(14)	294	(100)*

Excluded cases: 84 (5%) of cases excluded because of item non-response on perceived social support questions or missing data on the current activity variable  
Significance of difference in distribution: (from Pearson chi-squared statistic): \* NEET: fat band by perceived social support:  $\chi^2_{8,28(3)}$ ,  $p < 0.05$



**Table 12.8 HSFE 1998: Distribution of young people aged 16-24 by allocation to fat and fibre bands, current economic activity and self-reported general health (row %)**

		Fat band				Fibre band				Total	
		Low	Medium	High	No fat band	Total	Higher	Average	No fibre band		
General health		n %	n %	n %	n %	n %	n %	n %	n %	n %	n %
<b>Students</b>											
Other health		124 (35)	98 (28)	66 (19)	62 (18)	350 (100)	92 (26)	126 (36)	132 (38)	350 (100)	
Very good health		88 (34)	86 (33)	50 (19)	39 (15)	263 (100)	70 (27)	93 (35)	100 (38)	263 (100)	
All		212 (35)	184 (30)	116 (19)	101 (17)	613 (100)	162 (26)	219 (36)	232 (38)	613 (100)	
<b>Work/training</b>											
Other health		203 (35)	147 (25)	153 (26)	86 (15)	589 (100)	108 (18)	180 (31)	301 (51)	589 (100)	
Very good health		138 (38)	99 (28)	75 (21)	47 (13)	359 (100)	71 (20)	102 (28)	186 (52)	359 (100)	
All		341 (36)	246 (26)	228 (24)	133 (14)	948 (100)	179 (19)	282 (30)	487 (51)	948 (100)	
<b>NEET</b>											
Other health		80 (34)	55 (24)	67 (29)	32 (14)	234 (100)	35 (15)	95 (41)	104 (44)	234 (100)	
Very good health		23 (29)	27 (34)	20 (25)	10 (13)	80 (100)	12 (15)	32 (40)	36 (45)	80 (100)	
All		103 (33)	82 (26)	87 (28)	42 (13)	314 (100)	47 (15)	127 (40)	140 (45)	314 (100)	
Excluded cases: 6 (<1%) cases excluded because of missing data on the current activity variable											

I ran logistic regression models to estimate the odds of young people having a high diet score, depending on their levels of perceived social support and whether they reported very good general health and whether they were in full time education, employment or were NEET.

### ***12.7 Multivariate analyses of perceived social support, self-reported general health and having a high healthy diet score***

The logistic regression models were run using SPSS (1999). The outcome variable was entered to show whether young people had a high healthy diet score or 'other' healthy diet score. The models were run separately for men and women, to account for the differences in diet and well-being for each gender. Each model was also adjusted for age, which was entered as a continuous variable. Whilst it would be pertinent to also include covariates like socio-economic status or whether young people were still living at home, which I suggested in Chapter 8 might be associated with diet, these variables were only available in the later HSFE data set (1998) and not in 1993/94.

Tables 12.8 and 12.9 show the main effects of each variable on the dependent diet outcome, taking into account the effects of all of the other covariates in the model.

#### **12.7.1 Perceived social support, current activity and having a high healthy diet score**

Perceived social support was associated with the healthy diet score, even when the model was adjusted for the other covariates (Table 12.9). Young women with a moderate amount of support (i.e. they had some lack of support) were 20% less likely ( $p < 0.05$ ) than were women in the reference group, those with no lack of support to have a high diet score. Women with the worst social support, (those with a severe lack of support) were even less likely than were women with the best support to have a high healthy diet score; they had odds of 0.44 ( $p < 0.001$ ) compared with the reference group, women with no lack of support. Men with the worst support were also less likely than were those with the best social support to have a high healthy diet score; men with a severe lack of social support were 32% less likely than the reference group to have a high diet score.



Current activity was also significantly associated with the diet score. Young women and men who were working or who were NEET were considerably less likely than were their peers who were students to have a high healthy diet score. Young women who were working were 44% less likely ( $p<0.001$ ) than were female students to have a high diet score and men who were working were over half as likely ( $p<0.001$ ) as were male students to score highly. Young people who were not in education, employment or training were particularly likely to eat a less than healthy diet. Young women and young men who were NEET were about 75% less likely ( $p<0.001$ ) than were their peers who were students to have a high healthy diet score. So being in full time education was associated with eating more healthily in addition to the effects of social support on diet. Age was significantly associated with having a high diet score, but the odds (1.09) suggest that there was little difference in the likelihood of having a high score between the youngest and oldest youth.

**Table 12.9 HSFE 1993/94: Odds ratios of young people aged 16-24 having a high healthy diet score when levels of perceived social support, current activity and age are controlled for, by gender**

	Odds ratio	95% confidence intervals			Odds ratio	95% confidence intervals	
<b>Female</b>				<b>Male</b>			
Some lack of support	0.80*	0.64	0.99	Some lack of support	0.95	0.72	1.25
Severe lack of support	0.44***	0.31	0.64	Severe lack of support	0.68*	0.47	0.99
Working	0.56***	0.43	0.72	Working	0.47***	0.34	0.64
NEET	0.26***	0.19	0.37	NEET	0.29***	0.18	0.46
Age	1.09**	1.04	1.14	Age	1.17**	1.10	1.23
N	2162			N	1977		
Missing	44 (2%)			Missing	34 (2%)		
-2 log likelihood	2368.4			-2 log likelihood	1632.9		
R <sup>2</sup>	0.047			R <sup>2</sup>	0.027		

Reference categories: no lack of perceived social support, full time students  
 \* $p<0.05$  \*\*  $p<0.01$  \*\*\*  $p<0.001$

### 12.7.2 General well-being, current activity and having a high diet score

General health was positively associated with having a high healthy diet score, taking into account the other covariates (Table 12.10). Young women who said they were in very good health were 1.6 times more likely ( $p<0.001$ ) than were



young women who reported worse health to have a high healthy diet score. Similarly, young men in very good health were 1.4 times more likely ( $p<0.01$ ) than were their peers in poorer health to eat well. Again, current activity was associated with the healthy diet score, on top of the effects of general well-being and age. Young people who were working were about half as likely ( $p<0.001$ ) as were their peers who were in full time education to have a high healthy diet score. Young people not in education, employment or training were about 75% less likely ( $p<0.001$ ) than were their peers who were students to have a high score diet. As with perceived social support, the odds for age were not that much greater than 1, suggesting that there was not a linear relationship between having a high diet score and the age of young people between 16-24.

**Table 12.10 HSFE 1993/94: Odds ratios of young people aged 16-24 having a high healthy diet score when self-reported general health, current activity and age are controlled for, by gender**

	Odds ratio	95% confidence intervals			Odds ratio	95% confidence intervals	
<b>Female</b>				<b>Male</b>			
Very good health	1.60***	1.31	1.95	Very good health	1.40**	1.09	1.79
Working	0.53***	0.42	0.69	Working	0.46***	0.34	0.63
NEET	0.23***	0.17	0.33	NEET	0.29***	0.18	0.47
Age	1.10	0.60	1.15	Age	1.17**	1.11	1.24
N	2198			N	2006		
Missing	8 (<1%)			Missing	5 (<1%)		
-2 log likelihood	2407.2			-2 log likelihood	1653.2		
R <sup>2</sup>	0.047			R <sup>2</sup>	0.028		
Reference categories: no lack of perceived social support, full time students							
*p<0.05 ** p<0.01 *** p<0.001							

So poor perceived social support and not reporting very good self-reported general health were associated with lower odds of having a high healthy diet score. The current context in terms of education and work was also associated with diet. Young people who were students were more likely to eat well than were their peers in full time jobs or those who were not in education, employment or training (NEET). Young people who were NEET were particularly likely to eat a less than healthy diet, compared with students.



## ***12.8 Conclusion***

I began this chapter by discussing how young people's changing schedules and increasingly busy lives were related to skipping meals and perhaps choosing less healthy foods. This complements the findings presented in Chapter 8, where I concluded that young people's diets changed as they used food more as a way of forging their identity; detaching from parents and identifying more closely with peers. It seems however that even if some young people eat more erratically because of feeling time-squeezed, rather than because they are developing a more autonomous social appetite, all young people's diets are affected by change during the period of the life course when they move from adolescence to adulthood.

Analysis of the Health Survey for England data suggests that young people who participate in full time education when aged 16-24 are more likely to be eating a healthier diet than are their peers in full time employment. Young people who are not in education, employment or training are more likely than both of these groups to eat an unhealthy diet. However, it was not possible to control for childhood socio-economic status in this analysis.

In the qualitative analysis of well-being and diet I found that levels of perceived social support were particularly important. Young people with the best perceived social support were the most likely to be making positive changes to their diet; eating more regularly and choosing fruit over high fat snacks for example. However, levels of self-esteem and an internal locus of control were also important; young people with medium or low self-esteem and those with an external or chance locus of control were less likely to make positive dietary changes even if they did have excellent perceived social support. Young people with good support were also less likely to eat because of an emotional appetite and were less likely to choose foods or skip meals because of frustration with their weight or appearance. Perceived social support was also found to be associated with eating healthily in the quantitative analyses. Young people who reported no lack of support were more likely to have a high healthy diet score. Having good social support was important for eating healthily irrespective of whether young people were students, in work or NEET. In the multivariate



analysis though, young people who were in full time jobs and those who were NEET were less likely than were students to have a high diet score, on top of the effects of perceived social support.

There was no association between any of the indicators of well-being and whether young people ate a diet low in fat or high in fibre. Although this could be associated with the missing data on these variables, I think it is more likely that well-being is associated with broader measures of diet rather than these specific indicators. I also found in the quantitative analyses that mental health, as measured by the GHQ was not associated with diet on any of the measures. As self-esteem was associated with making dietary changes in the qualitative data this suggests that different measures of mental well-being are associated with different aspects of diet. This is congruent with other research on mental well-being and diet (cf. Steptoe et al 1994). These issues are discussed further in the next chapter.

Young people who reported having very good general health were more likely to have a high diet score, though again there were no differences between young people who were students, those in work and those who were NEET. So this suggests that even though young people who are in full time employment or NEET are more likely to eat an unhealthy diet (compared with students), the risk of eating poorly is not increased if they have poor well-being.

In Chapter 7 I indicated that young people's diets might improve as they get older. The multivariate analyses in this chapter suggest that there is not a linear relationship between age and eating healthily and therefore well-being and whether young people were in education, work or NEET might be better predictors of a high diet score in young adulthood. However, as a final caveat, it should be remembered that although I have implied that diet is an outcome of social position and well-being status, the analyses are cross-sectional and therefore diet is in fact a covariate of the other factors considered. Eating healthily could precede, for example, young people's participation in further and higher education or improved self-esteem.



In the last 6 chapters I have presented the findings from the empirical analyses, in which I analysed the relationships between young people's well-being, family relationships and eating habits during the transition to adulthood. In the next chapter, Chapter 13, I discuss whether the study design and data used were adequate to address the research objectives outlined in Chapter 1 and whether the indicators I used and developed were suitable for the analysis carried out. Additionally, I discuss some of the findings from each chapter and consider whether these are congruent with the existing literature. Chapter 13 also sets out the importance of some of the findings, in terms of future research and possible implications.

## CHAPTER 13

### Discussion & Conclusions

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The aim of this thesis was to examine the relationship between family life, well-being and eating healthily among young people going through the transition from adolescence to adulthood. It was hoped that by using quantitative and qualitative methodologies, the study objectives set out in Chapter 1 would be better addressed and a greater understanding of the substantive issues would be gained. I have demonstrated, in Chapters 7 and 11, that young people experience different levels of closeness, dialogue, rules and autonomy during adolescence and that, when combined into a typology of parenting styles, these dimensions are associated with well-being in young adulthood. Parenting style seems to be more clearly associated with well-being than does whether young people grew up in an intact family. I have also demonstrated, in Chapters 9 and 10, that young people who participate in post-compulsory education and full time employment have different backgrounds and experiences to young people who are 'NEET' (not in education, employment or training) and these educational and economic choices are also associated with having better well-being. Analysing whether young people eat healthily was also an important objective of this thesis and in Chapters 8 and 12 I have suggested that many young people do not follow a low fat diet, and an even greater proportion do not eat high fibre foods. Young people who are participating in full time education eat more healthily than do their peers with full time jobs, and young people who are NEET are particularly unlikely to eat a healthy diet. Having a good sense of well-being is associated with eating more healthily, but this does not overcome the effects of being NEET. I have suggested however that most young people do not eat healthily because this would be at odds with their desire to become autonomous - an essential aspect of making the transition from adolescent to adult.

This final chapter aims to highlight some of the strengths (and weaknesses) of the study design employed, and the indicators used in the analysis. Additionally, I discuss further some of the most pertinent findings from the research, focusing on those findings which particularly increase understanding about the substantive issues addressed. I also consider some of the possible implications of the research findings and how some of the work could be taken forward.



### *13.1 Discussion of overall study design and the data analysed*

The study objectives were met by combining analysis of both quantitative and qualitative data. This was advantageous for several reasons. I was able to examine a range of social phenomena and as well as quantifying various aspects of young people's lives, I was able to question why and how some young people were living their lives a particular way. Additionally, I was able to look for similarities in the quantitative (and qualitative) data and yet also draw out differences from the qualitative data. In the qualitative data, I was not able to look in depth at gender or socio-economic differences, but this was possible using the quantitative data. So by triangulating the methods used, I was not only able to meet the study objectives, but I was able to explore the issues in different ways. Using a mixed methods approach has been particularly beneficial when examining young people's transitions and eating habits. For example, the quantitative data were not able to illustrate how transitions sometimes become individualised or the extent to which young people reject healthier food in order to build their adult identity. Analysis of the qualitative data was not however able to adequately show the association between transitions, gender and socio-economic status or to give a reliable account of the proportion of young people who were eating unhealthily. So using both methods has meant that I was able to show more comprehensively how transitions and eating unhealthily are embedded in young people's lives.

Presenting findings from both quantitative and qualitative research is a challenging task, particularly when the data analysed are from fairly disparate samples. As stated in Chapter 1, using a qualitative sample from a college of further education meant that the lives of the young people analysed were somewhat bound by their college status, whereas the young people in the Health Survey for England and the British Household Panel Survey also included those in employment, higher education or NEET. This should not detract however from the fact that the young people at South East Essex College are experiencing life during the same period as those in the quantitative surveys. Therefore, their family lives, well-being and eating habits are valid in the context of this thesis.



That said, had a broader sample of young people been analysed then a greater insight into young people's lives could have been gained. Interviewing more young men, more young people from different family types and some young people in different educational and economic contexts would have been interesting and beneficial in terms of being able to see whether these different backgrounds were associated with differing trajectories and relationships between family life and eating patterns. However, this would have changed the overall objectives of the thesis somewhat. My aim was to use the quantitative data to look at differences by gender, family type, socio-economic status and social position. The analysis of the qualitative sample was included to add richness and meaning to the overall picture of the main research themes and this objective has clearly been met.

With respect to the specific data sets used, the Health Survey for England, despite the problems with missing data discussed in Section 13.3 below, provided a large, representative data set with which to analyse eating habits and well-being during the transition to adulthood. The BHPS was also a useful source of longitudinal data, though the sample size did limit some of the analyses because of the smaller numbers in some sub-groups. Additionally, the more narrow age range of 16-20 in the BHPS meant that fewer young people had experienced work or were NEET than in the HSFE.

Using a college of further education for the qualitative study meant that I was able to include 16-24 year olds in the sampling frame, even though the final sample was biased towards 16-18 year old female students. The older students interviewed were more likely to be enrolled on health-related courses and they perhaps participated because of their interest in and knowledge about health related topics, perhaps introducing bias into the data. However, using a biographical interview approach during the qualitative study was both adequate for collecting data and judicious in terms of being able to explicate the required depth of information, from a fairly prolonged period of each young person's life.

Some of the more specific indicators and instruments used are discussed in more detail in the following sections.



### *13.2 Parenting styles*

To derive an indicator of parenting styles from the quantitative BHPS data, I performed principal component analysis on 12 variables included in the 1994 youth survey about family relationships. The analysis suggested that 4 latent factors were adequate to explain the variance in the data and two of these, dialogue with parents about things that mattered and rules about television viewing were used to derive a 4-part typology of parenting styles. This was also the method used by Glendinning (2000) in his analysis of BHPS data for the Health Education Authority. Shucksmith et al. (1995) used a similar method, with a similar number of variables on parenting. Research from the US (cf. Steinberg et al. 1994) tends to use a greater number of questionnaire items when deriving an indicator of parenting style. Although using just 4 variables may appear to limit the application of such an indicator, I do think that the typology was adequate to classify parents by their parenting style. However, the typology would perhaps be a more robust indicator if each parent could be analysed separately. In the qualitative study I found that it was essential to classify each parent by one of the 4 parenting styles, because they frequently did not parent a young person in the same way. This was not possible with the BHPS data because young people were asked about parents with no distinction between their mother and father.

An additional difference between the qualitative and quantitative studies of parenting was that the young people I interviewed were asked about their family life retrospectively whereas in the BHPS the data were collected concurrently. I think it is likely that the young people I interviewed who were older (19-24) were less likely to talk in negative terms about the way that they had been parented in adolescence than were their younger peers. This meant that the older respondents in the qualitative study were more likely to be classified as having 'authoritative' parents than were their younger peers. It was not possible to directly compare this finding with the BHPS data, because the sample in the BHPS was aged 16-20, not 16-24.

#### **13.2.1 Parenting styles, family type and well-being**

Baumrind's typology of parenting styles had not been used before in Britain to look at parenting in adolescence and the association with young people's well-



being later, in early adulthood. In Chapter 2, I reported that Steinberg (2000), who has led much of the research on 'authoritative' parenting in the US in the last 20 years, concluded that 'authoritative' parenting is always associated with young people having better well-being. The results presented in this thesis would certainly seem consistent with this sentiment; I found that young people raised by 'authoritative' parents were more likely to report better social, mental, physical and emotional well-being when they were young adults. The analyses focused mainly on well-being in young adulthood, although I did report that happiness in adolescence was associated with later satisfaction with life. However, as I mentioned in Chapter 1, there are likely to be other (prior) confounding characteristics which have not been fully addressed in this research but which could help explain the relationship between parenting style in adolescence and later well-being in young adulthood. A child with poor emotional well-being for example, could influence the style adopted by his or her parents during adolescence and therefore the relationship between parenting and well-being is perhaps more complex than I can determine from the analyses presented here.

I stated in Chapter 1 that one of my objectives was to ascertain whether parenting style was more important for young people's well-being than whether they grew up in an intact, lone parent or stepfamily. It would seem from the analyses presented in this thesis, that parenting style is more clearly associated with most of the facets of well-being analysed in young adulthood than is family type. This is congruent with the findings reported by Katz (2000) and Shucksmith and colleagues (1995). However, young women from stepfamilies did report worse mental health and less energy and vitality than did women from intact or lone parent families. In the multivariate analysis, young people from stepfamilies had lower odds of having good mental health and higher odds of being unhappy in adolescence and in adulthood, compared with young people from intact families. So, just as Ely and colleagues (2000) report, it seems that being in a stepfamily is sometimes associated with worse well-being. However, as I mention above, these analyses are limited to examination of relationships between specific factors and the issue of causality and the importance of other family and personal characteristics are not fully addressed.



### *13.3 Eating healthily*

The DINE questionnaire and indicators included in the 1998 HSFE data set were expected to be reliable measures of fat and fibre intake, based on other published data (Roe et al. 1994; Erens and Primatesta 1999). However, the extent of the missing data on the fat and fibre indicators was a particular concern. Almost half of the 1800 young people aged 16-24 analysed in 1998 did not have a fibre indicator derived and 15% of the sample were missing a fat intake indicator. It is quite likely that, particularly for fibre, missing such a huge proportion of young people from the analysis has biased the findings presented in Chapters 8 and 12. As the focus of these chapters was healthy eating, missing out the young people who do not eat breakfast cereal or bread was not desirable. Overcoming this problem by further development of the DINE indicators would certainly be wise in future research on young people's eating habits.

In the 1993/94 data, classifying the healthiest eaters as those who had a healthy diet score in the highest quintile range of scores meant that the indicator is specific to the sample analysed. However this still seems to be a more appropriate way of classifying scores than the methods used in other research (Cooper et al. 1999; Rainford et al. 2000) and was a way of overcoming having such a limited range of variables on food in the 1993/94 data.

When collecting consumption data from the young people I subsequently interviewed, I used the food questionnaire from the HSFE to examine weekly food habits. When administering this questionnaire young people often indicated consumption of some foods that did not match up with what they told me during the interview. For example, when asked 'how often do you eat vegetables or salad', young people often said that their parents served vegetables with their main meal every day and therefore they chose 'once a day' from the show card. When questioned more extensively about their main meals however it was clear that although their parents might serve vegetables with the main meal, young people did not always eat the main meal and therefore their consumption of vegetables was often considerably less than they indicated on the questionnaire. This highlights a potential problem when using survey data on eating habits although there is nothing to suggest that it is only young people who under or



over estimate their consumption of certain foods. However, I think that because young people do not prepare all of their own food and purchase and eat food outside the home more frequently than older adults, a particular bias may occur when analysing this age group.

The 24-hour food diary, which I asked each young person interviewed to complete, was a particularly useful tool. The diary was descriptive, asking young people what they ate, where they were and whom they were with at the time. I also asked for any other comments and the interviewees sometimes wrote about eating something because they did not have much money or because they were fed up. These comments and the other data on the food diary were then used to question the young people extensively about their eating habits. I used what they wrote to ascertain whether this was a typical day's food and if not, why not. The diary was not difficult to complete and quite often, young people seemed to enjoy giving more information when asked. The diary and the conversations based around it also overcame the problems described in the paragraph above, about difficulties estimating weekly consumption of food, which again supports the decision to use a mixed methods approach (Singleton et al. 1993). It is possible of course that young people were not truthful when asked to elaborate about their eating habits during the interview. However, following guidelines for carrying out effective qualitative research (Hollway and Jefferson 2000), I was able to build a good rapport with all of the interviewees and cross-checked the information they gave me about each topic by asking throughout the interview for further details.

### **13.3.1 Healthy eating during the transition to adulthood**

The qualitative data suggested that both the structural and the personal changes that young people face when they leave school are associated with their food choice. Most young people built their adult identity partly through their eating habits. This was achieved through accelerated detachment from family life, which is concordant with what is expected of young people generally at this stage of development (Daniels 1990; Anderson et al. 1994; Peterson et al. 1999). Groups of individuals are however, identified by their 'sense of collective belonging' (Fischler 1988 :280) and detachment from family was accompanied by a need to identify more fully with peers. After leaving school, young people



did not automatically 'belong' to the new groups to which they found themselves associating with (students at the same college, or on the same course, for example). It was during this stage that they were most likely to find, and assert their social appetite, in order to 'fit in'. This confirms what Chapman and Maclean (1993) found in their study of Canadian adolescents, that young people deliberately choose different foods outside the home than when they are with their families, in order to differentiate their two 'selves'. This is the first qualitative study in Britain that has explored young people's eating habits in relation to the transition to adulthood and more work now needs to be done to disaggregate the interaction between structure and agency in relation to food choice.

#### *13.4 The importance of social support*

Social support has become more prominent on the research (and the political) agenda, both in Britain (cf. Cooper et al. 1999) and elsewhere (cf. Hawe and Shiell 2000, Berkman et al. 2000) in the last few years and for young adults, this is a crucial facet of well-being. However, most literature on social support concentrates on the importance of peer support during the transition to adulthood whereas I found that overwhelmingly, perceived support from parents was more important. This is perhaps because psychological studies tend to assess how influential peers are, and rarely concentrate on who young people perceive they are supported by (cf. Rutter and Smith 1995; Turner 1999; Crosnoe 2000). Young people want reassurance during a period of change. Parents are more likely to give this, whereas peers are perhaps more likely to try to get young people to act, look, and make decisions that will reinforce their own self. MacDonald and Marsh (2001) argue that support can be withdrawn if young people try to be 'different', if they want to stay on at sixth form for example, but their friends want to go to an FE college. Although parents can also withdraw support (as I discussed in Chapters 10 and 11), during a time of social and emotional change, parents can perhaps be relied upon more so than friends and other peer groups. This hypothesis does have some support in the literature (Dey and Morris 1999; Colarossi 2001) and in particular, Langford and colleagues (2001) suggest that older adolescents favour the unconditional nature of family support over peer support during the time when they are trying to become more independent.



#### **13.4.1 Received social support**

Although I concentrated in my research on perceived support, it was quite clear that family support actually received during the transition from school was also meaningful. I found that having family support made not just the actual transition to college easier but the whole period when decisions were being made about 'next steps' progressed more smoothly when parents were supportive. Being able to draw on family resources and social capital was seen as vital to young people finding work in Bell's study (2001) and Steinberg (2000) also concludes that family support during the transition period is particularly important. This is something that demands further attention, especially as so many young people are now reported to be juggling multiple demands of paid work and further/higher education (Allatt and Dixon 2001) and so may need greater practical and emotional support at home. However, an interesting finding was that not all parents encouraged their children's post-school choices, even if they were supportive of them generally. Parents who had no experience of tertiary level education sometimes appeared uncomfortable discussing college and university with their children and the way that some parents dealt with this was by switching off their support. Of course I only have the young person's account of this, not that of their parents. Even so, this could be important because the government increasingly expects young people to participate in post-compulsory education and if some parents are unsupportive this could prevent young people from participating fully.

#### ***13.5 Well-being and diet***

Perceived social support was clearly associated with what young people ate. This is not an area that has been addressed before, in a sample of young adults, but I found that young people who reported better support were more likely to be taking steps to improve their diet. They were also more likely to eat a healthier diet overall than their peers with worse perceived support. This supports the findings on diet and perceived social support reported by Cooper and colleagues (1999).

Positive dietary changes were even more likely if young people had high self-esteem. This is in line with the early work on self-esteem and diet by Schafer (1979) and also the findings reported by Newell and colleagues (1990). These



areas of well-being were associated with young people being raised by 'authoritative' parents. The analyses examined eating healthily as a co-variate of having better well-being. However, as the analyses used cross-sectional data, it was not possible to determine whether well-being status precedes better eating habits, or *vice versa*. Future research should aim to examine the direction of this relationship more effectively.

### ***13.6 Did the analyses adequately address the objectives?***

Despite the many caveats discussed in this chapter so far, most importantly regarding the issue of causality and direction of the hypothesised relationships, it would seem fair to conclude that the research design employed and the analyses performed were effective in addressing the research objectives set out in the first chapter of this thesis. Using the BHPS and the qualitative data from students at South East Essex College I demonstrated that young people in specific economic and educational settings reported different levels of well-being. This argument would have been enriched and possibly strengthened had I used qualitative data from young people outside of a FE setting. Family life in adolescence, particularly parenting style, was shown to be associated with young people's well-being after they had finished compulsory schooling. A natural extension to these conclusions would have been to explore whether earlier family life is associated with young people's subsequent social position in young adulthood. This was not however included in this investigation.

Young people's eating habits were also found to be related to whether they were in education, work or NEET and this relationship was unaffected by levels of well-being. The importance of food to young people's increasing autonomy and the relationship with their well-being indicates that this part of the analysis would undoubtedly have benefited from the inclusion of young people from other settings beside further education. Nevertheless, the analyses presented in this thesis overall have added to other work, and in some areas, highlighted new relationships about the social world of young adults. The chapter now ends with discussion of some of the implications of the findings presented.



### *13.7 Implications of the findings*

Expecting all young people to eat a healthy diet during the transition to adulthood is unrealistic. However, poor diet can have a cumulative and negative effect on health (Sweeting et al. 1994) and patterns of consumption of foods like fruit and vegetables may change very little over the life-course (Devine et al. 1998). As I have demonstrated in Chapter 12, young people do become increasingly likely to choose healthier foods once they have adjusted to the personal and structural changes associated with this period of the life course. Young people are also thought to be more motivated to change their diet than are older adults (Griffiths et al. 19994). So it is important to try and get the healthy eating message across throughout the life course. Any measures that can be taken to facilitate an improvement in diet would be beneficial. The findings presented in Chapter 8 suggest that parents can influence young people's eating habits both directly, as role models and also indirectly, by parenting their children 'authoritatively', giving them the confidence to take responsibility for their diet as they move into adulthood, even after they have left home. This supports research from outside Britain on direct and indirect family influences on health behaviour (cf. Lau et al. 1990). The role that parents play in the food choice of young people is therefore important in terms of targeting nutrition education. Additionally, young people with high self-esteem and good perceived social support are also more likely to choose healthier foods and therefore programmes that aim to improve young people's well-being may well serve to improve diet too (though the reverse could also be true).

Young people are less likely to improve their diet or eat healthily if they are brought up by 'non-authoritative' parents, have poor well-being or are NEET. Therefore it would perhaps be prudent to target these young people in a different way so that improved diet is an indirect positive outcome. Young people who, in particular, are NEET have less money and therefore practical help with budgeting and shopping for healthier food could also be an effective way to facilitate dietary change.

A great deal has been written about young people who are NEET. Bynner and Parsons (2002) have argued that despite attempts to reduce the proportion of young people who are NEET, there remains a 'hard core' of youth who do not, or



cannot, take up post-compulsory education, employment or training. I found that young people, particularly the youngest youth (16-18) were more likely to be disadvantaged if they had also left home<sup>1</sup>. Although there are lots of programmes and initiatives aimed at helping young people who are NEET (like the Connexions service), it seems crucial to ensure that youth not living at home are not missed by such services. Interventions often focus on getting young people into education, employment or training, but given that youth who are NEET have poor well-being and do not eat healthily, it may also be judicious to target these areas too. One weakness of the findings discussed here is that it was not possible to determine whether being NEET preceded young peoples' poorer well-being and eating habits. However, improving, for example, perceived social support by making young people feel important (even if their parents do not) may lead to the improved confidence needed to return to college. As purported above, this may also lead to an improvement in diet. It is perhaps important to remember that, as I concluded in Chapter 9, the older young people get, and the more trying the difficulties they face, the more likely it is that routes back into education and work become individualised. So young people who are NEET do not have to remain in that state, and improving well-being and diet may aid a more positive trajectory being taken. As I suggested in Chapter 11, promoting 'authoritative' parenting, which is associated with better well-being, could also offer young people some resilience to becoming unemployed or economically inactive - regardless of whether they grew up in an intact, step or lone parent family.

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<sup>1</sup> many could of course have left home because of becoming NEET, rather than NEET status being a result of leaving home

Finally, I have already discussed in this chapter that perceived and received support are crucial aspects of young people's well-being. Therefore it is important that schools, colleges and training providers provide a pastoral role during the time that young people are making the move from school to new environments. This is particularly important for young people who do not have good parental or peer support (actual or perceived). Helping young people make a smooth transition to adulthood might go some way to improving their sense of well-being overall.

What is needed is research that analyses whether interventions aimed at promoting well-being, healthy eating and 'authoritative' parenting are effective. Does improving self-esteem and confidence mean young people make healthier food choices? Would improving feelings of perceived support help young people avoid long periods of being NEET? By encouraging parents to be more responsive during adolescence would there be increased numbers of young people who have a good sense of well-being and who would be more likely to eat healthily as they reach adulthood? These are some of the questions that should inform future research in this area.



Table A1 Nutritional surveys referred to in Chapter 3

Title/ commissioned by/citation (key below table)	Frequency	Sampling frame	Respondents	Sample size	Response rate	Aim of survey/ Notes
<i>Nationally representative surveys:</i>						
Dietary habits of 15 to 25 year olds: MAFF (Bull 1985)	One-off, 1982	Quota sampling within randomly selected planning regions, England	15-25 year olds	1,015	90%	To examine food intake and factors associated with it in a defined population group
Health & Lifestyle Surveys: HEA (Health Education Authority 1998; Thompson et al. 1999)	Occasional (1984/85, 1990/91, 1993)	386 census enumeration districts* stratified by regional health authorities, England	Randomly selected adults; booster sample of 16-24 year olds	7,887 adults**	70%	To examine health and lifestyle behaviour and knowledge of British adults * Electoral registration data used in the older surveys ** 1993 survey
Health Education Monitoring Survey: HDA* (Rainford et al. 2000)	Occasional (1995, 1996, 1998)	Postcode Address File, England	Randomly selected adults aged 16+	8,168	71%	To monitor factors associated with health and health-related behaviour * The HDA superseded the HEA in April 2000
National Diet and Nutrition Surveys: MAFF* & DoH (cf. Gregory 1990)	Occasional (see notes)	Postcode Address File, GB	Adults aged 16-64 (excl. pregnant women)	2,200	N/a	Series aims to gather information about the dietary habits and nutritional status of different groups within the British population. The series has included Children 1.5 yrs to 4.5 yrs, 1995 Young people 4-18 yrs, 2000 Elderly 65+, 1998 Data for the next adult survey is currently







#### **Appendix A4.1 BHPS 1994: Sampling procedure in Wave 1**

The sample of addresses at wave 1, in 1991 was drawn from the Postcode Address File (a list of small user postal delivery addresses) using a two-stage clustered probability design sampling procedure. At the first stage, 250 postcode sectors across England, Wales and Scotland<sup>1</sup> were selected from a list stratified by region and three socio-demographic variables (based on information from the 1981 census). A total of 8,167 addresses were sampled systematically from the 250 postcode sectors chosen at stage one. Each address (or delivery point) had an equal probability of being chosen. Non-residential addresses and institutions were excluded from the sample of addresses and households were chosen as follows. If there were up to 3 households at a given address, interviewers included all of them in the sample but when more than 3 households were present, a random selection procedure was used to select 3 households. All household members aged 16+ were eligible for interview but it was the household that was the primary unit of analysis at wave 1.

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<sup>1</sup> South of the Caledonian Canal



Appendix A4.2 BHPS: Interview outcomes in 1994 and 1999

**Table A2 BHPS 1994: Distribution of young people aged 11-15 by age and interview outcome**

	Youth: interview	Youth: refusal	Youth: other non-interview	Total
Age 1.12.94	n (%)	n	n	n
11	167 (93)	9	4	180
12	149 (96)	6	1	156
13	149 (92)	9	4	162
14	166 (92)	11	4	181
15	142 (85)	18	8*	167
Total	773 (91)	53	21	847

\* Includes one 15 year old interviewed in the adult survey

**Table A3 BHPS 1999: Distribution of young people aged 16-20 by age and interview outcome**

Age	Proxy/phone interview	Refusal	Other non- interview	HH level non- interview	HH level non- contact/ refusal	Adamant refusal last wave	Other ineligible/ inapplicable	Full interview	Total
	n	n	n	n	n	n	n	n %	n
16	3	8	1	4	10	1	0	130 (83)	157
17	5	5	0	1	14	2	1	112 (80)	140
18	6	4	1	2	12	1	1	109 (80)	136
19	5	4	1	2	11	2	1	132 (84)	158
20	2	4	2	5	11	1	0	110 (81)	135
Total	21	25	5	14	58	7	3	593 (82)	726\$

Key: HH = household \$ 773 respondents interviewed in 1994, minus 47 (6%) who were not interviewed in 1999

Table A4 BHPS 1994: Principal Component Analysis of family life variables: Total variance explained

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.938	24.226	24.226	1.938	24.226	24.226	1.505	18.810	18.810
2	1.454	18.176	42.403	1.454	18.176	42.403	1.477	18.463	37.273
3	1.442	18.028	60.430	1.442	18.028	60.430	1.465	18.310	55.583
4	1.001	12.519	72.949	1.001	12.519	72.949	1.389	17.366	72.949
5	.725	9.067	82.016						
6	.538	6.723	88.739						
7	.513	6.413	95.153						
8	.388	4.847	100.000						

Extraction Method: Principal Component Analysis.



**Table A5 BHPS 1994: Principal Component Analysis of family life variables:  
Communality values**

Communalities		
	Initial	Extraction
Parents set limits on amount of tv ?	1.000	.733
Parents stop you watching a programme ?	1.000	.742
Do you tell parents where going ?	1.000	.708
Past month: times out after 9.00 pm ?	1.000	.780
How often quarrel with your mother ?	1.000	.685
How often quarrel with your father ?	1.000	.735
Talk to mum: things that matter to you ?	1.000	.704
Talk to dad: things that matter to you ?	1.000	.750

Extraction Method: Principal Component Analysis.

Table A6 BHPS 1994: Principal Component Analysis of family life variables:  
rotated component matrix

	Component			
	1	2	3	4
Parents set limits on amount of tv ?		.852		
Parents stop you watching a programme ?		.860		
Do you tell parents where going ?			.804	
Past month: times out after 9.00 pm ?			.883	
How often quarrel with your mother ?				.813
How often quarrel with your father ?				.839
Talk to mum: things that matter to you ?	.832			
Talk to dad: things that matter to you ?	.848			

Extraction Method: Principal Component Analysis.  
Rotation Method: Varimax with Kaiser Normalization.  
a. Rotation converged in 5 iterations.



#### Appendix A4.4 Further details about bivariate and multivariate techniques used in the quantitative analyses

##### *Chi-square*

The chi-square procedure calculates a contingency table based on the discrepancy between the observed frequencies ( $f_o$ ) and the expected frequencies ( $f_e$ ) for each of the cells in the table. The expected frequency is the value expected if the sample were taken randomly from a population where the variance is equal for each variable. The residual between each  $f_o$  and  $f_e$  is squared and divided by  $f_e$  (i.e.  $(f_o - f_e)^2/f_e$ ). The Pearson  $\chi^2$  statistic is obtained by summing these discrepancy, or residual values. This is represented thus;

$$\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

The obtained  $\chi^2$  statistic is evaluated by comparing it with the critical  $\chi^2$  value. This is dependent on the degrees of freedom (i.e. the number of  $f_o$  values that are free to vary) and the level of significance desired. If the obtained  $\chi^2$  statistic is greater than or equal to the critical  $\chi^2$  statistic then the null hypothesis is rejected; the variables tested are associated with each other.

##### *Analysis of variance (ANOVA)*

The ANOVA test assumes that the mean of the scores differ but not the variance. The variance is understood to be partitioned into two parts; the between groups variance and the within groups variance (Pagano 1988). Two sum of squares estimates are thus calculated in order to obtain the F-statistic;

$$F_{\text{obt}} = \frac{\text{Between-groups variance estimate}}{\text{Within-groups variance estimate}}$$

The between-groups variance estimate varies according to the effect of the independent variable whereas the within-groups estimate does not. Therefore the larger the F-statistic, the more likely it is that there is a real difference between the means. The obtained F-statistic is evaluated against the critical F-statistic, which is based, as with chi-square, on the degrees of freedom and the level of significance required. However, in ANOVA, the degrees of freedom are calculated for the numerator (between groups) and the denominator (within groups) estimates. If  $F_{\text{obt}}$  is greater than or equal to  $F_{\text{crit}}$  then the null hypothesis is rejected; the means differ by the independent variable groups.

### ***Logistic regression***

The regression model predicts membership to category (1) based on the values of the independent variables. Odds ratios represent the number by which the odds of being in category (1) of the dependent outcome are multiplied for each one unit increase in each independent variable (Menard 1995). So an odds ratio of less than 1 indicates that the odds of being represented by category (1) of the dependent variable decrease as the independent variable increases. Odds of greater than 1 indicate that the odds of being represented by category (1) of the dependent variable increase as the independent variable increases.



Table A7 HSFE: Response rates in 1993, 1994 and 1998

	1993		1994		1998	
	all adults n(%)	16-24 n(%)	all adults n(%)	16-24 n(%)	all adults n(%)	16-24 n(%)
Set sample\$	21,877	N/A	22,203	N/A	23,085	N/A
Individuals in co-operating households	17,687 (81)	2,476	17,227 (78)	2,385	17,240 (75)	2,185
Interviews	16,569 (94)	2,169 (88)	15,809 (91)	2,048 (86)	15,908 (92)	1,881 (86)
Proxy interviews	781(4)	205 (8)	636 (4)	119 (5)	N/A*	N/A*
Refusal/ non-contact	337(2)	102 (4)	782 (5)	215 (9)	1,332 (8)	303 (14)

\$ the set sample is calculated from the total number of adults in sampled households. In non-cooperating households where the number of adults is not known, the figure is imputed from the total number of adults in cooperating households and non-cooperating households where the number of adults are known.

\* no information is given in the 1998 survey about proxy interviews

Appendix A6.1: Letter of introduction

Tel: 020 7299 4732 (direct line)  
Tel: 020 7299 4614 (department)

Email: [wendy.wills@lshtm.ac.uk](mailto:wendy.wills@lshtm.ac.uk)

26 May 2000

Dear

Families, food and young people

I am a PhD student at the London School of Hygiene and Tropical Medicine. I am interested in finding out how family relationships in adolescence might affect the wellbeing and eating habits of 16-24 year olds. Although I am analysing data on 5,000 young people in Britain, I would also like to talk to a group of 16-24 year olds to add a descriptive element to my research. I am therefore writing to you to enquire whether it would be possible to gain access to the students at your college, with a view to carrying out interviews/ focus groups with a small number of them (perhaps 30-40 students). The interviews would be very informal and would be about a range of issues concerning how young people get on with their families, how they feel about their own lives and the types of foods they choose to eat. The research protocol would be passed before an ethics committee for approval before the work commenced. In return, it might be possible to provide students with a summary of my findings, or I could give a presentation about the research if this was of interest.

This is obviously only a very brief outline, and there are a number of issues involved in setting this up, but I would welcome the opportunity to discuss this further with you, or a colleague if more appropriate, and address any concerns that you might have. My PhD supervisor, who is head of the Centre for Population Studies, would also be willing to go over any of the details with you and I could put you in touch with her if necessary. You can contact me by telephone, email or letter; details as above.

I look forward to hearing from you.

Yours sincerely

Wendy Wills (M.Sc., B.Sc.)  
Centre for Population Studies  
Dept. of Epidemiology and Population Health



**Appendix A6.2: South East Essex College: Course information**

**Table A8 South East Essex College, 2000/01: Number of young people aged 16-24 by course at enrolment and gender**

Level & Course Title	Male	Female	Total
	n	n	n
<u>Level 1:</u>			
Foundation: Beauty Therapy	0	26	26
IHBC: Make-up Certificate	0	12	12
Access: Health and Nursing	2	5	7
Access: Beauty Therapy	0	2	2
Access: Science and Technology	3	1	4
Access: Health (part time)	1	7	8
National Diploma: Beauty Therapy	0	20	20
National Diploma: Animal Science	0	12	12
National Diploma: Science (Health Studies)	0	10	10
GNVQ Foundation: Land and Environment	4	9	13
GNVQ Intermediate: Health & Social Care	3	12	15
GNVQ Intermediate: Land and Environment	9	20	29
GNVQ Advanced: Health & Social Care	1	14	15
GNVQ Advanced: Science	17	30	47
Total Level 1 students aged 16-24 (% at level)	40 (18)	180 (82)	220 (67)
<u>Level 2:</u>			
NVQ2: Beauty Therapy	0	3	3
NVQ2: Beauty Therapy & Hairdressing	0	21	21
BTEC National Diploma: Animal Science	4	25	29
ITEC Diploma: Anatomy & Physiology	0	5	5
ITEC Diploma: Physiatrics & Electrology	0	12	12
ITEC Diploma: Aestheticienne (16-18)	0	24	24
ITEC Diploma: Aestheticienne (Adult)	0	5	5
Total Level 2 students aged 16-24 (% at level)	4 (4)	95 (96)	99 (30)
<u>Level 3:</u>			
NVQ3: Beauty Therapy	0	6	6
HND: Health & Complementary Therapies	0	3	3
Total Level 3 students aged 16-24 (% at level)	0 (0)	9 (100)	9 (3)
<i>Total students (%)</i>	<i>44 (13)</i>	<i>284 (87)</i>	<i>328 (100)</i>
Source: college data, 2000			

### **Appendix A6.3: Fieldwork Instruments**

- i) Initial letter to students at SEEC
- ii) Selection questionnaire
- iii) Letter requesting students complete memoir form and food diary
- iv) Memoir form
- v) Instructions for completing food diary
- vi) Food diary
- vii) Food habits questionnaire
- viii) Show card for food habits questionnaire
- ix) Interview topic guide



12 February 2001

(Name)

(Address)

Dear

**The family life and eating habits of young people**

The Head of the Science and Health Studies team, Claire Gavaghan has kindly allowed me to contact students, to ask for help with my research (you may have heard about my work, from your tutors or via the Intranet). I am interested in the family lives and eating habits of young people because the factors that affect these issues are not yet fully understood by experts in this field.

How can you help?

To take part in the study, please complete the enclosed questionnaire, sign it, and return it to me in the FREEPOST envelope enclosed. I will then contact you and ask you to write down a little bit more about yourself (memories from childhood and what you like to eat). I will provide the forms and a FREEPOST envelope. Then when we meet we will talk more about what you have written, which will take about an hour – more if you are willing to talk further. Anyone can take part, and it should be an enjoyable experience! Anything you say will be totally confidential and you can pull out *at any time*. It would help me a great deal if you participate and you would be adding to knowledge that will perhaps help us understand young people's health a bit more in the future.

So please fill in the enclosed questionnaire and send it back to me as soon as possible in the enclosed FREEPOST envelope. If you have any questions at all about my research, or what taking part will involve, please contact me on: **07951 520252**, or email: **wendy.wills@Lshtm.ac.uk**. I will also be introducing myself to students in the Science Centre over the next few days, so please feel free to ask me any questions then. I look forward to meeting you.

Yours sincerely

Wendy Wills  
Centre for Population Studies  
London School of Hygiene and Tropical Medicine  
(London University)

**Respondent questionnaire: Family life and eating habits project**

I would like to find out a little about you before we meet. I would be grateful if you would complete the following details (leaving out any you feel you can not answer) and post it back to me as soon as possible, in the FREEPOST envelope provided. All of the information contained on this form will remain completely confidential.

Your name \_\_\_\_\_

How can I contact you? Please provide either a phone number, mobile phone number, home address or email address

\_\_\_\_\_

Are you            male / female (*please circle your reply*)

What is your age?            \_\_\_\_\_ years last birthday

What course are you currently enrolled on? (e.g. BTEC Animal Science)

\_\_\_\_\_

6. Do you have any children of your own? YES / NO *please circle your reply*

7. Who do you live with? e.g. mother and brother; boyfriend; 2 friends

\_\_\_\_\_

8. Were you brought up by (mainly) Both parents ☐  
Father only ☐  
Mother only ☐  
Other ☐ (*Please explain if possible*)

\_\_\_\_\_

9. How would you describe your ethnic background?

\_\_\_\_\_

\*\*\*\*\*

**Please read and sign this section before returning the form.**

I have read the letter sent to me concerning this study and I understand what will be required of me if I take part. I understand that I may withdraw from this study without giving a reason at any time. If I have any questions concerning this research I will contact Wendy Wills.

I agree to take part in this study.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you. Please return this form in the envelope provided, Marked PRIVATE AND CONFIDENTIAL to Wendy Wills, c/o Science and Health Studies Team, South East Essex College, Carnarvon Road, Southend-on-Sea, Essex SS2 6LS.



Appendix A6.3(iii): Letter asking students to complete memoir and food diary

Dear

**Family Life and Eating Habits Project**

As we discussed on the phone, before we meet up, I need some more information about you. So, could you please complete the **food diary** and the **'best birthday'** forms enclosed with this letter and return them to me within the next 7 days.

Instructions for completing the 1-day **food diary** are attached to the diary form. Basically, you just need to write down everything that you eat and drink for 1 day - preferably tomorrow (but sometime this week).

Then, I'd like you to tell me about your **best childhood birthday**! Write down as much as you can remember - who was there (family and friends), what you had to eat, what did you wear, anything in fact! You can write just a few lines, or a whole page – it is up to you. Include as much detail as possible, even if it seems 'trivial'.

If you have any queries at all, please give me a call on 07951 520252, or email me at [wendy.wills@Lshtm.ac.uk](mailto:wendy.wills@Lshtm.ac.uk).

Please return both of the forms to me in the FREEPOST envelope provided IN THE NEXT 7 DAYS. Thank you for agreeing to take part in my study. I look forward to meeting you soon\*.

Yours sincerely

Wendy Wills  
Centre for Population Studies

\* it may be several weeks before I arrange to interview you, but don't worry, I will be in touch!

**Family life and eating habits project**

YOUR NAME .....

Please tell me about your ***best childhood birthday!*** Tell me why it was so special? Who did you spend it with? What happened that made it so memorable? Write down everything that you can remember - I am really interested in what you've got to say.

Continue on the back of this page if you need more space

***Please return this form as soon as possible, in the FREEPOST envelope provided to Wendy Wills, c/o Science and Health Studies Team, South East Essex College, Carnarvon Road, Southend-on-Sea, Essex SS2 6LS***



### Appendix A6.3(v): Instructions for completing food diary

#### Instructions for completing 1-Day FOOD DIARY

Please complete this diary FOR AN ENTIRE DAY, recording everything that you eat and drink from when you get up, for a full 24 hour period.

Please be SPECIFIC. For example, write 'semi-skimmed milk' not just 'milk' and write 'white bread' not just 'bread'.

Include all FOOD (including snacks) and DRINKS, e.g. Coke, coffee, lager, water

The diary is split into 2-hour time slots (except 2am-6am); please write in the relevant space, e.g. if you have a bowl of cereal at 7am, write in the 6am - 8am slot. Leave blank any slots when you did not eat OR drink.

Also record WHO you ate with and WHERE you were.

You can also record other details if you wish, in the 'ANY OTHER COMMENTS?' column. E.g. how you were feeling (happy, stressed, fed-up), or why you ate something in particular (I was in a hurry, I always have a take-away on a Friday night).

Please ensure that you complete the diary for the ENTIRE DAY!

If you have any questions, please email me or phone me on 07951 250252. Please send the completed diary, along with the 'best birthday' form, back in the envelope provided.

Wendy Wills  
Centre for Population Studies  
London School of Hygiene and Tropical Medicine  
Email: [wendy.wills@lshtm.ac.uk](mailto:wendy.wills@lshtm.ac.uk)

Family life and eating habits project: 1 Day FOOD DIARY

Any questions? [wendy.wills@lshtm.ac.uk](mailto:wendy.wills@lshtm.ac.uk)

Your name: .....

Day and Date of diary: .....day / 01

Time of day	What did you eat AND/OR drink?	Who were you with?	Where were you?	Any other comments?
6am - 8am				
8am - 10am				
10am - 12noon				
12noon - 2pm				
2pm - 4pm				
4pm - 6pm				
Please turn over...				



Time of day	What did you eat AND/OR drink?	Who were you with?	Where were you?	Any other comments?
6pm - 8pm				
8pm - 10pm				
10pm - 12midnight				
12midnight - 2am				
2am - 6am				

**\*\* Example diary \*\***

Time of day	What did you eat AND/OR drink?	Who were you with?	Where were you?	Any other comments?
6am - 8am	Cheerios, with semi-skimmed milk, large cup of tea, 1 slice of white toast with butter	My mum and brother	At home	I always have this for breakfast
8am - 10am	--			
10am - 12noon	Ham sandwich (white bread), plate of chips, Mars Bar, Coke	On my own	At College	I was bored, so I had more than usual

Appendix A6.3(vii): Food Habits Questionnaire

Name ..... Date    /    / 01

***I want to ask you about some of the foods that you might eat.  
What type of the following foods do you usually have?***

What kind of BREAD do you usually have?

Is it...

White	+1
Brown, granary	+2
Wholemeal	+2
Or some other kind of bread	0
No usual type	0
Don't know	0
Does not eat bread	0

What do you usually SPREAD on your bread or toast?

Is it...

Butter/ hard margarine	-2
Soft margarine	-1
Reduced fat spread	-1
Low fat spread	-1
No usual type	0
Don't know	0
Does not use spread	0

When you have fried foods at home, what kind of FAT or OIL are the foods usually cooked in?

Is it...

Solid cooking fat like lard	-2
Cooking oil	-1
No usual type	0
Don't know	0
Does not eat fried food	0



What kind of MILK do you usually have on cereals, in drinks etc?

Is it...

Whole	0
Semi	+1
Skimmed	+1
Or some other kind of milk	0
No usual type	0
Don't know	0
Does not have milk	0

Do you usually have SUGAR in hot drinks?

Yes	-1
No	0
Does not have hot drinks	0

Which type of BREAKFAST CEREAL do you normally eat?

High fibre (eg bran flakes)	+2
Others (eg cornflakes)	+1
No usual type	0
Don't know	0
Does not eat cereals	0

Has the food you eat at home usually had salt added to it during cooking?

Yes	-1
No	0
Don't know	0

Do you add salt to food before eating it?

Add salt without tasting first	-2
Taste first, then generally adds salt	-2
Taste first, and occasionally adds salt	-1
Rarely/never adds salt to food	0

***'an you tell me how often on average that you eat each of these foods that I'm going to read out by choosing your answer from this card?***

	More than once a day	Once a day	5-6 times a week	3-4 times a week	1-2 times a week	At least once a month	Less often than once a month	Rare/ never
Fruit	+2	+1						
Biscuits	-2	-1						
Chips (do not include oven chips)	-2	-1						
Bread or rolls	+2	+1						
Confectionery e.g. Sweets and chocolate	-2	-1						
Vegetables or salad	+2	+1						
Crisps	-2	-1						
Pulses (such as baked beans or lentils)	+2	+1						
Cakes	-2	-1						
Soft drinks (not 'diet')	-2	-1						



**How often do you usually eat...**

**More than once a day**

**Once a day**

**5-6 times a week**

**3-4 times a week**

**1-2 times a week**

**At least once a month**

**Less often than once a month**

**Rarely / never**

EATING HABITS

\* Administer FOOD FREQUENCY QUESTIONNAIRE

\* GO THROUGH FOOD DIARY/RECALL -

FOLLOW UP ANY LEADS TO DO WITH **WHY** THEY EAT WHAT THEY EAT. PROBE **FULLY** ALL EXPLANATIONS.

Was this a **typical** day?  
Do you always have this for **breakfast**? What about at the weekend? PROBE.  
When do you have something different?

Do you always eat this for **lunch / eat at college** in the week? What about weekends - what do you eat then? Do you ever vary it? PROBE.

Do you normally eat this/ **eat at home** at night? Who cooks your dinner? When don't you eat at home? PROBE under what circumstances, how often.

**Snacks** - typical ones on diary? Why did you eat that then? When eat more than that? What else do you snack on?

What food do you buy yourself? Where else/ what else do you eat PROBE when with friends, at work, when out, when home late. What **factors** affect what you snack on/how often.

**TIE IN WITH FFQ:** if healthy in diary and not in FFQ or vice versa - PROBE check whether the diary was typical, when do they 'frequently' eat the things on FFQ. Check it all ties in.

WHAT ELSE LEADS TO CHANGES IN WHAT YOU EAT? SPONTANEOUS.

USE ALL OF THIS INFORMATION TO PROBE ABOUT FAMILY LIFE AND WELL-BEING.

*FAMILY LIFE*

**Structural family and personal details:** who lived with/when, mum/dad's occupations, age of siblings. (How well did they get on as family, as pairs (mum-them, sister-them)).

When did you leave school? What did you do then.... PROMPT college, jobs, relationships, leaving home, having own money. GET FULL PICTURE OF LIFE STAGE EVENTS before moving on.

\*\*\*\*\*

I want to talk about what it was like living in your family when you were **growing up**, let's start with what you wrote about:

'Best childhood birthday' **AT AGE ?x**



Tell me a bit more about this... why was it the best, what was special, who was special, different to other years - how?

PROBE relationships, family events, interaction with parent/s, control issues

I'd like to talk some more about **specific things** you might have done with your parent/s USE AGE AT 'BEST BIRTHDAY' AS REFERENCE: What things did you do together then? What about before that age, and after that age?

GET INFO. FOR EACH PARENT IF DIFFERENT.

PROMPT:

Eat together: how often, did they talk

School events (e.g. parents evening, sports day)

Family outings

Evenings together (e.g. in front of tv - did they talk?)

What things are OK to **talk to your parent/s** about? PROBE specifics. Always been that way? When changed? Do your parent/s listen to you? What stuff wouldn't you tell them about?

How **involved** were your mum(dad) in your day to day life when at school? PROBE e.g. did they know your friends, what you did at school, what you ate during day? What about now? PROBE do they still ask what you eat, what you do

How **strict** were your parents? PROBE e.g. what/when to eat (traditions/cultural pressure, rules), staying out late, doing chores, doing homework, going to bed, telling where going.

Did you have any say in the 'rules' that were set? How did you feel about these 'rules'? Were the rules changed as you got older? Do they tell you what to do, or discuss it, or suggest changes? How do you **negotiate** with them? PROBE specific instances. Do you 'obey' rules? **PROBE especially food** - e.g. do they eat certain things because mum says its good, even when she's not there, and other instances when 'obey' or not.

What has changed about your relationship with parent/s **since leaving school**?

When/how did it change? PROBE specific changes.

How would you describe your family life now?

What effect has leaving school/college etc. had on **what you eat**?

PROMPT/PROBE have to prepare more of own food now, buy it yourself, make more decisions/choices,

WELL-BEING

OK, I want to talk now about issues to do with **you**, and how you feel about **yourself** and your life, both now and in the past.

\* IF ANY OF THE WELL-BEING AREAS HAS CHANGED, THEN ASK IF IT'S STABLE OR CONSISTENTLY CHANGING AREA



Which parts of your life are you **satisfied** with?

PROMPT

Friends, appearance, health, money, job, college, going out, hobbies, boy/girl friends, aspirations/prospects.

What makes you happy about that? How does feeling satisfied with X affect what you eat? PROBE less/more, higher/lower fat/sugar foods; specific instances from FFQ/diary?

Which parts of your life **aren't you satisfied** with?

PROMPT Friends, appearance, health, money, job, college, going out, hobbies, boy/girl friends, aspirations/prospects.

What happens to your eating habits when you don't feel satisfied with X? PROBE snacking, higher intake, more fast food?

Which of these areas has got better, or worse since you left school? PROBE tie in changes in satisfaction with any changes in diet connected with life stage or ask

So you've always been satisfied with X or Y?

How would you rate your **physical health**? PROMPT if necessary, excellent, good, fair, poor. Always been so? How does this compare to when you were at school? PROBE. **What foods** do you eat when you are feeling unwell/ill? PROBE always eat that when ill? How often?

Who can you count on if you need **support**? PROBE What kind of support do they get (is it actual or perceived?)

PROMPT

Support in form of encouragement, making you happy, making you feel loved, caring for you/and about you, making you feel important, accepting who you are PROBE who else gives you support? Etc.

Who don't you feel supported by? PROBE Why?

What happens to your eating habits when they make you feel like that? PROBE look carefully at times they make him/her feel like that - what would be eating then normally, and when feel unsupported?

Have you always felt supported/ not supported by X or Y? When changed? Any difference after left school? PROBE tie in changes in support and life stage with changes in food

How do you **feel about yourself**, as a person? PROMPT good qualities, a failure, proud of yourself/achievements, positive attitude towards self, feel useless, feel no good.

Which of these things has changed over time? When? Why?

What words would you use to describe your **abilities**? PROMPT confident, capable, make decisions, get things done,

OR worried/anxious, stressed, can't cope,

PROBE When do/don't you feel like this, give specific examples. What or who affects the way you feel about yourself? PROBE e.g. if fallen out with friends or parent/s



**TIE IN WITH FOOD DIARY:** e.g. you said you eat cakes only sometimes, can feeling stressed/confidant make you more likely to eat them? **PROBE**  
**TIE IN WITH LEAVING SCHOOL ETC. e.g. feel more/less confidant**

Would you say you're a happy or depressed person? Why?  
What would you like to **change** about your life? Why? Do you think you will be able to change that/achieve that? Are you in control of that? What stops you doing X?  
What about your **eating habits**, would you like them to change? How? What will make you change? Are you able to change?

**CHECK FOOD DIARY/FFQ AGAIN:** have I asked about all habits in connection with family and well-being?

**ANYTHING ELSE I'VE MISSED?**

Appendix A6.4: Characteristics of interviewees

**Table A9 Personal details of the young people interviewed at South East Essex College**

<b>Pseudonym</b>	<b>Gender</b>	<b>Age group</b>	<b>Family type during adolescence</b>	<b>Left home?</b>
Amelia	F	16-18	Intact	
Andrew	M	19+	Intact	Yes
Anne	F	16-18	Lone parent	
Carol	F	19+	Intact	Yes
Charlotte	F	19+	Lone parent ++	Yes
Christina	F	16-18	Intact	
Gregory	M	16-18	Lone parent ++	
Helen	F	19+	Lone	
Jane	F	19+	Lone	
Judy	F	16-18	Intact	Yes
Julia	F	16-18	Intact	
Karen	F	16-18	Lone parent +	
Libby	F	19+	Lone parent +	Yes
Lorna	F	16-18	Intact	
Marcus	M	16-18	Intact	
Mary	F	16-18	Intact	
Megan	F	19+	Intact	
Michael	M	16-18	Intact	
Nicola	F	16-18	Intact	
Nina	F	16-18	Intact	
Patricia	F	19+	Intact	Yes
Daniel	M	16-18	Lone parent +	
Samantha	F	19+	Intact	Yes
Shan	F	16-18	Intact	
Susan	F	19+	Intact	
Tania	F	16-18	Intact	
Trudy	F	16-18	Intact	
Veronica	F	16-18	Intact	
Vicky	F	19+	Intact	
Vince	M	16-18	Stepfamily	
Zoe	F	16-18	Lone parent	

Key:

Lone parent + : young person had frequent contact/close relationship with absent parent

Lone parent ++ : parent left after young person had left school



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